

## FRIGIDAIRE ULTIMATE 4-PIECE APPLIANCE PACKAGE REBATE



- MUST PURCHASE BETWEEN NOVEMBER 1, 2025 - DECEMBER 31, 2025
- REBATE ISSUED VIA NECO ALLIANCE VISA® PREPAID CARD
- **VALID ONLY ON SALES MADE FROM AN AUTHORIZED MEMBER OF ADC, NEW ENGLAND GROUP, DMI, OR INTERCOUNTY**

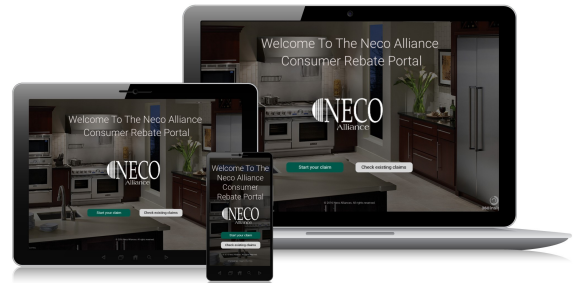
### \*\*OFFER\*\*

PURCHASE A 4 PIECE KITCHEN PACKAGE: RANGE/WALL OVEN, REFRIGERATOR, DISHWASHER AND MICROWAVE AND RECEIVE A \$200 REBATE

## Thank you for your business!

To submit your claim please follow 4 easy steps:

1. Go to [www.necoonlinebates.com](http://www.necoonlinebates.com).
2. Attach the electronic copy of your invoice from a computer, tablet or even snap & upload your invoice via mobile phone.
3. Complete required information. **\*Important – Serial numbers are required to receive payment.**
4. After the claim has been approved, you will receive an email from [notification@prepaiddigitalsolutions.com](mailto:notification@prepaiddigitalsolutions.com) with instructions for redeeming a physical or virtual card.
5. Claims must be submitted online by 1/31/2026.



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Refrigerator

Model	Serial
<input type="checkbox"/> GRFC2353AF	_____
<input type="checkbox"/> GRFS2853AF	_____
<input type="checkbox"/> GRFN2853AF	_____

Model	Serial
<input type="checkbox"/> GRFG2353AF	_____
<input type="checkbox"/> GRFS287DAF	_____

Microwave, OTR & Ventilation

Model	Serial
<input type="checkbox"/> GMOS1962AF	_____
<input type="checkbox"/> GMOS1968AF	_____

Model	Serial
<input type="checkbox"/> GMOS1964AF	_____

Dishwasher

Model	Serial
<input type="checkbox"/> GDSH4715AF	_____
<input type="checkbox"/> GDSP4735AF	_____

Model	Serial
<input type="checkbox"/> GDSP4715AF	_____
<input type="checkbox"/> GDSH4735AF	_____

Range

Model	Serial
<input type="checkbox"/> GCFE3070BF	_____
<input type="checkbox"/> GCFG3070BF	_____

Model	Serial
<input type="checkbox"/> GCFI3070BF	_____

Wall Oven

Model	Serial
<input type="checkbox"/> GCWS3070AF	_____
<input type="checkbox"/> GCWM3070AF	_____

Model	Serial
<input type="checkbox"/> GCWD3070AF	_____