



Replacement Form

First Name: _____

Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) _____

Email Address: _____

Product Name: _____

Purchase Date: _____

Purchase Store & Location: _____

Code Date on Bottle: _____

Example: (WVA100606009192)

Please print out and complete this form and submit via fax or mail with copy of proof of purchase receipt to the following:

Meridian Beverage Company, Inc.
Attn: AQUACAL Replacement
P.O. Box 941728
Atlanta, GA 31141
Fax: 770-263-6960

Requirements and Limit of Offer:

Product must have been purchased between February 1, 2005 and March 31, 2006 to be eligible for replacement; this completed form must be faxed or mailed together with proof of purchase by March 31, 2007. Proof of purchase must be in the form of cash register receipt, credit card statement or other written evidence showing AQUACAL purchase and date of purchase.

Limited to two bottles per household.