

# WYPALL® BRAND GUARANTEE



## Save 20% in 60 Days with WypAll® Wipers or Your Money Back. Guaranteed!

Replace your current rags or laundered towels for 60 days. If you don't see 20% savings<sup>1</sup>, we will reimburse you the difference between the cost of your product and the Kimberly-Clark Professional product up to \$1,000.

**KIMBERLY-CLARK PROFESSIONAL GUARANTEES A 20% SAVINGS OVER YOUR CURRENT COSTS.**

<sup>1</sup> Customer agrees to completely replace their current rags or laundered towels with WypAll® X Brand Wipers; WypAll® Foodservice Cloths; WypAll® Oil, Grease & Ink Cloths or WypAll® Reach™ Towel System. The maximum amount that Kimberly-Clark Professional will pay out under this program is \$1,000 in cash per customer facility. Void where prohibited, taxed or restricted by law. Not responsible for lost, late, misdirected, incomplete or undeliverable submissions. Kimberly-Clark Professional reserves the right to modify or cancel this program at any time.

Should a guarantee payment need to be made, submit the completed form via email to [KCP.MoneyBackGuarantee@kcc.com](mailto:KCP.MoneyBackGuarantee@kcc.com) or fax 920-380-6396.



### Baseline Cost – 60 Days Purchase

#### Rags:

Total Cases .....

Cost per Case (incl. freight) .....

**Baseline 60 Days Cost** .....

#### Shop Towels/Bar Towels:

Inventory/Usage Cost .....

Replacement Cost .....

Environmental Cost .....

Other (e.g., delivery) .....

**Baseline 60 Days Cost** .....

### WypAll® Wipers Program Results

Actual WypAll® Wipers .....

Usage Cost .....

Disposal Cost (if applicable) .....

**Total WypAll® Wipers** .....

**Usage Cost** .....

**Total Rags Usage Cost** .....

**Total Shop/Bar Towels** .....

**Usage Cost** .....

## So, give us a try!

Guarantee extended to consuming end-user accounts only. Applies to all WypAll® X Brand Wipers; WypAll® Foodservice Cloths; WypAll® Oil, Grease & Ink Cloths or WypAll® Reach™ Towel System.

### CUSTOMER INFO

Contact Name \_\_\_\_\_

Address (Street, City, State/Province, ZIP/Postal Code) \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

### DISTRIBUTOR INFO

Distributor Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

*To be completed after 60-day trial*

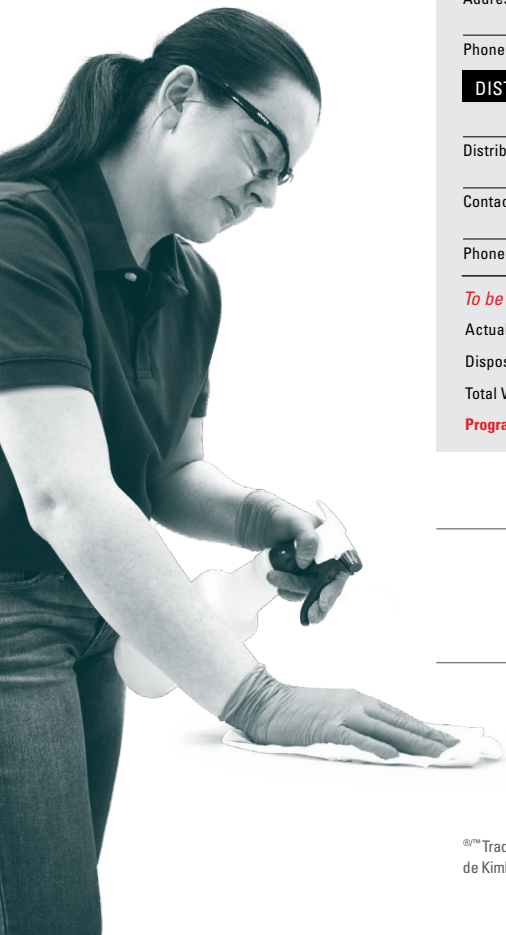
Actual WypAll® Wipers Usage Cost .....

Disposal Cost (if applicable) .....

Total WypAll® Wipers Usage Cost .....

**Program Savings** .....

Kimberly-Clark Professional Sales Representative Signature  
(must sign to validate)



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