

LISTERINE MOUTHWASH, LISTERINE WHITENING OR LISTERINE  
SMART RINSE  
OFFICIAL MAIL-IN CERTIFICATE  
**PURCHASES MUST BE MADE BETWEEN 01/01/2020 through  
06/30/2020**

Your name, address, and any other identifying information you provide will be available to Johnson & Johnson Consumer Inc. We will not disclose your information to anyone else except upon governmental request. The information you submit will be governed by our privacy policy <http://www.listerine.com/privacy>.

If you purchased any LISTERINE® MOUTHWASH, LISTERINE® WHITENING OR LISTERINE® SMART RINSE product and used the product as directed for 21 days and are not satisfied, please complete the following steps for your purchase price reimbursement (up to \$12.99USD plus tax).

**SEND:**

1. The original fully completed LISTERINE MOUTHWASH, LISTERINE WHITENING OR LISTERINE SMART RINSE Official Mail-In Certificate.
2. The original store identified sales receipt dated **01/01/20 through 06/30/20** indicating eligible LISTERINE® MOUTHWASH, LISTERINE® WHITENING OR LISTERINE® SMART RINSE product purchased with purchase price circled. (\*\*Product Exclusions apply; see offer Terms and Conditions)
3. The original LISTERINE MOUTHWASH, LISTERINE WHITENING OR LISTERINE SMART RINSE product UPC(s) from the package(s).

**MAIL TO:**

Johnson & Johnson Consumer Care Center, P.O. BOX 767, Neenah, WI 54956

\*First Name: \_\_\_\_\_ \*Last Name: \_\_\_\_\_

\*Mailing Address (No PO Boxes): \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*Email Address: \_\_\_\_\_

By checking this box, I attest that I am at least 18 years of age:

\*Product Name and UPC (write product size and UPC on corresponding line):

\*Product Name: \_\_\_\_\_

\*UPC \_\_\_\_\_

(\*Required Fields)

**TERMS AND CONDITIONS:**

Offer limited to 50 U.S., D.C. and Puerto Rico residents only, 18 years of age or older. Must be actual purchaser of the qualifying product. Offer valid on eligible LISTERINE MOUTHWASH, LISTERINE WHITENING OR LISTERINE SMART RINSE purchases made **01/01/2020 through 06/30/2020** that were purchased with cash or cash equivalent (no points or other non-monetary purchase methods). All reimbursement requests must be received at the mailing address **on or before 12/31/2020**. Requests received after 12/31/2020 will not be honored or acknowledged. No P.O. boxes. Check with your local post office for street address. Maximum value of the reimbursement equals up to \$12.99USD, including tax. Participants will receive a check by mail, upon claim acceptance. Please allow 6-8 weeks for processing and delivery. If 18 years or older requirement, UPC write-in, and valid original sales receipt (with retailer name, accurate product description, purchase price and date) are not included in the request, the purchase price (up to \$12.99USD) will not be reimbursed. Offer is limited to one (1) reimbursement claim for the purchase of any one (1) LISTERINE MOUTHWASH, LISTERINE WHITENING OR LISTERINE SMART RINSE product per household street address. Multiple product reimbursement requests per household or street address will not be honored. UPCs or receipts obtained through unauthorized means or illegitimate channels will be void. UPCs and receipts cannot be sold, traded, auctioned or bartered; all of which will be void. Fraudulent submission including use of multiple addresses to obtain additional reimbursements may result in federal prosecution under the U.S. Mail Fraud Statutes (18 U.S. Code, Section 1342). Not responsible for lost, late, misdirected, mutilated, illegible, incomplete, postage due, or undelivered responses.

**\*\*PRODUCT EXCLUSIONS:**

The following products are excluded from this offer: any LISTERINE® products that are not LISTERINE® MOUTHWASH, LISTERINE® WHITENING RINSE OR LISTERINE® SMART RINSE products. Trial/travel size products excluded from this offer.