

Sony TV Optical Block Program Claim Form

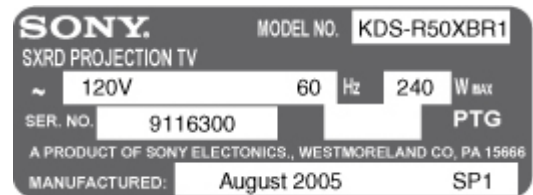
Please use this form to submit for reimbursement of out-of-pocket television optical block repair costs on KDS-R50XBR1 and KDS-R60XBR1 model Sony SXRD Televisions . **You must provide BOTH a copy of your purchase receipt of qualifying TV model and optical block service receipt dated on or before May 1, 2007.** Incomplete information or claim forms will not be processed. For check delivery by mail, please allow 8-10 weeks following Sony's receipt of properly completed form. Replacement of rear projection lamps or other parts are not covered by this program. All submissions must be postmarked no later than December 1, 2008. Offer limited to U.S. resident end users who paid out-of-pocket fees for optical block estimates and/or repairs and is limited to costs of optical block and labor expenses to replace it. Submitted materials become Sony property and will not be returned. Delivery to P.O. Boxes will not be accepted. Sony reserves the right to request additional information to validate a claim, making it subject to U.S. postal regulations. Offer available to end user consumers only and is not transferable. Offer is not available to providers, obligors, underwriters, or administrators of performance service plans, buyer protection plans, or other warranty or extended warranty programs. This offer is not part of the Sony limited warranty and all other terms of the Sony limited warranty continue to apply. Offer available for following qualifying models: KDS-R50XBR1 and KDS-R60XBR1.

Customer Information

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____

Sony TV Model Information (located on the back of the TV)

TV Model Number (see example): _____
Serial Number (see example): _____
Date of Purchase: _____
Retailer Where Purchased: _____



Service Information

Name of Servicer: _____
Date of Service: _____
Cost of Repair/Service Evaluation (dollars): _____
Evaluation fee: \$ _____
Parts: \$ _____
Labor: \$ _____
Total: \$ _____
Description of Repair / Other Information: _____

I do not wish to receive information from Sony about products, services, premium programs, contests and offerings that may be of interest to me.

You must include (both dated on or before MAY 1, 2007):

- (1) Copy of Purchase Receipt
- (2) Copy of Service Receipt
- (3) This Completed Form

CLAIM FORM SUBMISSION MUST BE POSTMARKED BY DECEMBER 1, 2008

Mail this completed form to:

Sony Electronics Inc.
Attn: NSP TV Program
12451 Gateway Boulevard
Fort Myers, FL 33913

For questions, please call (866) 850-8674.