



Promotional Coop Claim Form

DEALER NAME: _____
ADDRESS: _____
CITY: _____ ST: _____ ZIP: _____
PHONE: _____ CONTACT NAME: _____
DATE OF CLAIM: _____

- 1. All requests must be accompanied with a copy of the ad as published or radio script, along with a copy of your invoice from the media source.
2. Program extends to newspapers, trade publications, radio, direct mail, and pre-approved events or promotions.
3. Reimbursement will be made for exclusive Degelman material only. Any portions of advertisements not exclusive to Degelman will not be eligible.
4. Co-op reimbursement will only be made to approved dealers on our co-op advertising program. Contact us for approval to our co-op program.
5. Claims are only valid for authorized sales locations.
6. "Classified" print advertising (business cards, yellow pages, etc...) will be denied.
7. Claims over 3 months old will be denied.

Table with 5 columns: DATE, MEDIA · PUBLICATION · EVENT, TOTAL COST, 50 %, \$ CLAIM. Includes a TOTAL CLAIM \$ row at the bottom.

Internal Use Only: Date Received: _____
Claim Amount: _____ Amount Approved: _____
Date Credit Issued: _____
Comments: _____

Mail completed form and required information to:

Degelman Industries
272 Industrial Drive
Regina, SK S4P-3B1

(MAKE COPIES AS NEEDED)