



Promotional Coop Claim Form

DEALER NAME: _____

CONTACT NAME: _____

ADDRESS: _____

CITY: _____ PROVINCE/STATE: _____ POSTAL/ZIP: _____

PHONE #: _____ 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.

DATE	MEDIA PUBLICATION EVENT	TOTAL COST	\$ CLAIM
			50%
			50%
			50%
			50%
			50%
			50%
			50%
			50%
TOTAL CLAIM \$			

INTERNAL USE ONLY

DATE RECEIVED: _____ DATE CREDIT ISSUED: _____

CLAIM AMOUNT: _____ AMOUNT APPROVED: _____

COMMENTS:

Mail completed form and required information to the following address:

In Canada:
Degelman Industries Ltd.
Box 830, 272 Industrial Drive
Regina, SK S4P 3B1

In USA:
Degelman Industries USA Ltd.
Box 818, 105 South Boeddeker Dr
Hillsboro, ND 58045

(MAKE COPIES AS NEEDED)