



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.

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

Internal Use Only:

Date Received: _____

Claim Amount: _____ Amount Approved: _____

Date Credit Issued: _____

Comments: _____

*Submit completed form and
required information to:*

communications@degelman.com

You can also complete and submit your form
online:

Degelman Online COOP Claim Form

*Updated May 15th, 2025