



## CO-OP ADVERTISING CLAIM FORM

THIS REQUEST FOR **CO-OP REIMBURSEMENT** IS BASED UPON QUALIFIED PARTICIPATION IN ACCORDANCE WITH THE **APPLIED MACHINERY SALES** CO-OP ADVERTISING PROGRAM. **NO DEDUCTIONS FROM INVOICES WILL BE ALLOWED.**

### GENERAL INFORMATION:

Dealer Name: _____ Address: _____ City: _____ State: _____ Zip: _____	Estimated \$ spent by you: _____ Estimated Co-Op \$ Claimed
Authorized Signature _____ Phone# _____ Claim Date _____	

### ADVERTISING INFORMATION:

AD #	Date Of Ad/Event	Name of Media Or Promotional Activity	Was Pre-Approval Needed Y/N	Total Cost Of Activity	Amount Claimed
1					
2					
3					
4					
5					
6					
<b>Total Claimed</b>					

### HOW TO GET PAID: (The following is required for this Co-Op claim to be processed.)

#### FOR NEWSPAPERS & MAGAZINES:

- Original full page tearsheet for each ad claimed.
- Original or notarized copy of media invoice showing size, rate & cost of each ad.

#### FOR NEWSPAPER INSERTS:

- Original completed copy of insert.
  - Original or notarized copy of printer's invoice.
- Original newspaper invoice(s) showing insertion charges.

#### FOR CATALOGS AND DIRECT MAIL:

- Original completed copy of piece.
- Original or notarized copy of printer's invoice.
- Post Office mailing receipt/proof of distribution.

#### FOR TELEVISION AND RADIO:

- Original station invoice detailing spots run and cost information.
- Copy of script with ANA/RAB (radio), ANA/TVB (TV), or ANA/CAB (cable) certification.

#### FOR TRADESHOWS:

- Claim form must declare % of Merlo equipment to be displayed within the contracted space.
- Photo of space showing Merlo Equipment.
- Copy of Invoice/Space Agreement required.

#### FOR OUTDOOR ADVERTISING:

- Photo of actual billboard(s).
- Original sign agency invoice identifying cost of outdoor sign(s).
- Institute of Outdoor Advertising (IOA) approved affidavit of performance.

#### ALTERNATIVE MEDIA (Digital Advertising):

- Prior-Approval is required before advertising in any Alternative Media.
- Proof of advertising, as appropriate, is required.

All claims must be accompanied by this completed Applied Machinery Sales Claim Form.

Agency Commissions and Production Charges are not eligible for Co-Op reimbursement.

### STEPS FOR SENDING CLAIM:

1. Send this form with all supporting documentation within 60 days of the ad/event date to:

**FAX: 803-327-4952**  
**EMAIL: marketing@appliedmach.com**  
**MAIL: Applied Machinery Sales**  
**Co-Op/Marketing, 11205 Galleria Blvd.,**  
**Rock Hill, SC 29730**

2. For Co-Op inquiries or policy questions:

**call: 803-327-4949;**  
**email: marketing@appliedmach.com**