

# MONESSEN HEARTH SYSTEMS

## Cooperative Advertising Form

Date: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

**This claim is filed on behalf of the following retailer (a separate form must be filed for each retailer).**

Retailer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

Allowances Claimed =  
Advertising Expenses \$ \_\_\_\_\_ x Monessen Ad Space% \_\_\_\_\_ x 50% = \$ \_\_\_\_\_

Log Display Rack \$ \_\_\_\_\_ x Number \_\_\_\_\_ \$ \_\_\_\_\_ x 100% = \$ \_\_\_\_\_

**If the allowance claimed is greater than the Available Cooperative Advertising Funds from above, the available cooperative advertising fund amount is the maximum possible allowance.**

Customer Signature: \_\_\_\_\_

Mail this form along with the required supporting documentation to:  
Monessen Hearth Systems  
ATTN: Cooperative Advertising Department  
149 Cleveland Drive  
Paris, KY 40361

Monessen Hearth Systems reserves the right to make changes to the co-op program at any time without notice.

FOR OFFICE USE ONLY

AMOUNT APPROVED: \$

APPROVED BY: \_\_\_\_\_

*Heat with Personality.*