

CO-OP CLAIM



Company: _____ Today's Date: _____

Contact: _____ Email: _____

Phone: _____ Fax: _____ Your Simpson Dura-Vent Sales Rep: _____

Amount Requested: \$ _____

Amount requested will be credited to your account with proper documentation and approval. You are not authorized to deduct this amount from payments. Allowances are for the fiscal year. Claims received by Simpson Dura-Vent beyond 30 days after the program year ends (December 31) will not be processed. Funds not utilized during the current year will not carry forward. See our Cooperative Advertising brochure for full details.

Co-op Category

Co-op is for: (explain in detail)

- Print (ie: flyers, newspapers, yellow pages, etc)
- Logo'd promo items (t-shirts, hats, any item with logo)
- Showroom display
- Tradeshow
(must be pre-approved by your SDV regional sales rep, signed below)
- Sponsorship
(must be pre-approved by your SDV regional sales rep, signed below)
- Other Category (explain) _____

Proof of Co-op Expense/Item

A proof of expenses is required to receive co-op credit. Submit copy of invoice. Also, when applicable, a sample of what you spent it on, (ie: photo of a T-shirt showing the logos, photocopy of an ad, etc)

- Sent to Simpson Dura-Vent by fax/email
- Attached

Submitted:

- Copy of invoice
- Copy of Agreement (for tradeshows or sponsorships)

AND

- Tear-sheet/photo-copy/photo/sample

Questions? marketing@duravent.com
800-835-4429 Co-op Department

| | |
|--------------------------------|-------|
| For Co-op Department use only. | |
| \$ _____ | _____ |
| Amount accrued | Date |
| Customer Number: _____ | |
| Approved by: _____ | _____ |
| | Date |

Simpson Dura-Vent Regional Sales Rep / Sales Rep signature and date