



Associated Energy Systems

A housewarming presence for every season.

DATE _____

CO-OP ADVERTISING CLAIM FORM

PLEASE USE SEPARATE FORM FOR EACH MANUFACTURER

CUSTOMER NAME/CITY/STATE

AES CUSTOMER No.

CUSTOMER PHONE

CUSTOMER FAX

CUSTOMER REFERENCE No.

SUBMITTED BY

MANUFACTURER

- Please submit your claim within 30 days after your promotion.
- Include an original sample of the ad and a copy of the invoice from the advertising media.
- Incomplete claims cannot be processed.
- Use separate forms for each product or manufacturer.

<i>Date</i>	<i>Media</i>	<i>Invoice Amount</i>	<i>Requested Co-op Amount</i>	<i>Approved Co-op Amount (for office use only)</i>
<i>Total =</i>				

TOTAL INVOICE AMOUNT = _____

PERCENTAGE OF AD DEDICATED TO PRODUCT LINE X _____%

TOTAL = _____

MANUFACTURER'S COVERED PERCENTAGE (TYPICALLY 50%) X _____%

REQUESTED CO-OP AMOUNT (PROVIDED FUNDS ARE AVAILABLE) = \$ _____