



CO-OP ADVERTISING CLAIM FORM

Instructions:

- a. Read the [Flexifinger Co-op Advertising Policy](#). This form is used for both New Dealer Promotion Program claims and Dealer Co-op Advertising Program claims.
- b. Section 1: Complete this section with your company information.
- c. Section 2: Select the program for your claim (either the New Dealer Promotion Program or the Dealer Co-op Advertising Program). Next, list the advertising expense(s). Please include a description of the publication, advertising date and total dollar amount of the advertising.
- d. Attach a copy of the invoice or other applicable documentation for each advertising expense.
- e. Return the completed form along with any applicable supporting documentation to the attention of the Flexifinger Business Manager via **email (communications@flexifinger.com)** or **fax (306-642-3520)**.

1. General contact information:

Company name: _____

Contact person: _____

Street address: _____ PO Box: _____

City: _____ Prov.: _____ Postal code: _____

Phone: (main) _____ (fax) _____

Email: _____

2. Advertising expense:

This expense qualifies for the: *(check one)*

New Dealer Promotion Program

Dealer Co-op Advertising Program

Date of advertisement	Description	Publication	Total
TOTAL			

Submitted by: _____

Date

Signature

Print name & position

FOR OFFICE USE ONLY		<input type="checkbox"/> USD\$	<input type="checkbox"/> CAD\$
NEW DEALER PROMOTION PROGRAM EXPENSES:		DEALER CO-OP ADVERTISING PROGRAM EXPENSES:	
Dealer NDPP funds available:	\$ _____	Total collected in the previous 12 months:	\$ _____
Total cost of eligible advertising expense:	\$ _____	Calculate 1% of collected:	\$ _____
Total credited to account:	\$ _____	Calculate 50% of advertising expense:	\$ _____
Total remaining dealer NDPP funds:	\$ _____	Total credited to account:	\$ _____
Credited to account on:	_____	Dealer account no.:	_____