



01/10/08

## DEALER CO-OP CLAIM FORM

Refer to Cleary's 2008 Co-op Policy

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

Dealer Name: \_\_\_\_\_

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

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

Phone #: \_\_\_\_\_

Acct #: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Email address: \_\_\_\_\_

Description of claim you are submitting\* \_\_\_\_\_

Date(s) of advertisement, event, etc. as described above: \_\_\_\_\_

\*Include a copy of ad, tear sheet, mailer, radio affidavit, photo of promotional item(s) clearly showing logo used, photos of trade shows, etc. as well as copies of paid invoices. Mail to address below.

Total eligible cost \$ \_\_\_\_\_

Cleary portion (50% of above price) \$ \_\_\_\_\_

*To be filled out by Cleary Millwork:*

Approved by \_\_\_\_\_

Rec'd on \_\_\_\_\_

Credit Memo # / Date \_\_\_\_\_

Amount \$ \_\_\_\_\_

**Mail claims to: Marketing Dept., Cleary Millwork, 1255 GAR Highway, Somerset, MA 02726**