

Co-op Claim

Company: _____

Today's Date: _____

Contact: _____

Email: _____

Phone: _____ Fax: _____

Your DuraVent 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 DuraVent 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

- 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 DV regional sales rep, signed below)
 - Sponsorship
(must be pre-approved by your DV regional sales rep, signed below)
 - Other Category (explain)
- _____
- _____

Co-op is for: (explain in detail)

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 DuraVent by fax/email
- Attached

Submitted:

- Copy of invoice
- Copy of Agreement (for tradeshows or sponsorships)
- Tear-sheet/photo-copy/photo/sample

DuraVent Regional Sales Rep / Sales Rep. signature and date

Email Co-op claims to:
djacklich@duravent.com

Mail Co-op claims to:
DuraVent
Co-op department
877 Cotting Court
Vacaville, CA. 95688

Fax Co-op claims to:
707-446-1867

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

DuraVent®

800-835-4429 www.duravent.com

08-29-18