CO-OP CLAIM FORM

TOP Equipment est. 1986

Texas Outdoor Power Equipment Distributors, Inc . * 111 Halmar Cove * Georgetown, Texas 78628

Dealer Name: _____ TOPE DEALER #: _____

City, State: _____ Claim Date: _____

PRODUCT: (check all that apply)

_____ECHO, _____SHINDAIWA, _____SCAG, _____ENCORE, _____BILLY GOAT

Form of Advertising: (check one)

_____ Newspaper (Copy of media invoice & tear sheet required)

_____ Radio (Copy of station invoice, script, broadcast dates & times required)

_____ Television (copy of ad and/or script plus media invoice required)

_____ Billboard (Photo of billboard and copy of invoice required)

_____ Sponsorship: (Copy of ad/program or photo proof of advertising required)

_____ Other: (explain) _____

_____

Name of Media	Date(s)	Total Ad Cost (A)	*TOPE Product % (B)	TOPE Product $ (A X B)	Credit Issued (TOPE Use Only)

*** NOTE: If our products are the only items featured, we are considered 50% of the ad since the dealer is considered the other 50%.**

_____

Dealer Signature Date

All advertising claims must be pre-approved by TOPE Director of Marketing, Mike Elliott
Claim for co-op must be submitted WITHIN 60 DAYS OF MEDIA INVOICE to be eligible for co-op.
MEDIA TEAR SHEET MUST BE SUBMITTED WITH CLAIM.

Mail to:

TOP EQUIPMENT
Attn. Mike Elliott
111 Halmar Cove
Georgetown, TX 78628