

CO-OP MARKETING PROGRAM REIMBURSEMENT FORM

Dealer Name: _____ Dealer Number: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Marketing Tactic

- | | |
|---|--|
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Signage |
| <input type="checkbox"/> Digital display | <input type="checkbox"/> Posters |
| <input type="checkbox"/> Social media | <input type="checkbox"/> Direct mail |
| <input type="checkbox"/> Search text ads | <input type="checkbox"/> Literature |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Events and trade shows |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Other |
| <input type="checkbox"/> Tabloid | |
| <input type="checkbox"/> Magazine | |
| <input type="checkbox"/> Catalog | |

Participation:

1. Total cost: \$ _____

2. Amount of Participation Requested: \$ _____

NOTE: Please be sure to attach proof of marketing as noted in the co-op marketing program overview.

Requested By: _____ Date: _____

Approved By: _____ Date: _____

Additional Information: _____

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Armstrong, IA 50514