

CO-OP PROGRAM CLAIM FORM

Type of Co-Op Claim:

Print

Radio

Television

Other

Company Name: _____

Builder/Roofers #: _____ DM #: _____

Address: _____

City: _____ State: _____ Zip: _____

Costs:

Total Cost: \$ _____

Multiply by: **x .5**

Requested Co-Op: \$ _____

Brief Description of Attached Invoice: _____

Notes:

- Claims must be accompanied by a copy of the invoice, and other supporting materials as necessary, such as: scripts, photos, ad copies, etc.
- Pre-approval must be received from the ABC Marketing Dept. for Media Advertising claims including Print, Radio, Television advertising.
- Separate Claim Form must be used for each invoice.
- ABC will credit the Builder's account within 30 days of receipt and approval of co-op claim forms.

Please return this form with supporting material to:

American Buildings Company
Attn: Co-Op Program/
Penny Bryan
1150 State Docks Road
Eufaula, AL 36027

Requested By (Please Print)

Signed

_____/_____/_____
Date

FOR ABC USE ONLY

Date Received: ____/____/____ Received by: _____

Claim #: _____ Co-Op Applied: \$ _____ Date Processed: ____/____/____