

CO-OP CLAIM FORM

Texas Outdoor Power Equipmo	ent Distributors, i	nc.^ 111 Ha	imar Cove * G	eorgetown, Te	xas /8628	
Dealer Name:		TOPE D	TOPE DEALER #:			
City, State:		Claim D	Claim Date:			
PRODUCT: (check all that a	pply)					
ECHO,	_SHINDAIWA, _	SCAG	,ENCO	RE,BILI	Y GOAT	
Form of Advertising: (check	one)					
Newspaper (Copy o	f media invoice 8	k tear sheet re	equired)			
Radio (Copy of stati	on invoice, script	, broadcast d	ates & times re	quired)		
Television (copy of ac	d and/or script plu	us media invo	oice required)			
Billboard (Photo of b	illboard and copy	of invoice re	quired)			
Sponsorship: (Copy	of ad/program or	photo proof o	of advertising re	quired)		
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 and dealer is considered the ot ANNUAL PURCHASES.						
Dealer Signature	Date					
All advertising claims	s must be pre-app	proved by TOI	PE Director of N	larketing, Mike	Elliott	

Claim for co-op must be submitted <u>WITHIN 60 DAYS OF MEDIA INVOICE</u> to be eligible for co-op.

MEDIA TEAR SHEET MUST BE SUBMITTED WITH CLAIM.

TOP EQUIPMENT

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Attn. Mike Elliott
111 Halmar Cove
Georgetown, TX 78628