



Cooperative Advertising Claim Form

Do you have your invoice, copy of ad, photograph, etc.?

Date Submitted	<input style="width: 95%;" type="text"/>		
Total Invoice Amt.	<input style="width: 95%;" type="text"/>	Montly Invoice Amt.	<input style="width: 95%;" type="text"/>
Account Number	<input style="width: 95%;" type="text"/>		
Customer Name	<input style="width: 95%;" type="text"/>		
Contact Name	<input style="width: 95%;" type="text"/>		
Address	<input style="width: 95%;" type="text"/>		
City, State, Zip Code	<input style="width: 95%;" type="text"/>		
Phone Number	<input style="width: 95%;" type="text"/>		
Fax #	<input style="width: 95%;" type="text"/>		
Email Address	<input style="width: 95%;" type="text"/>		

Cooperative Advertising Type (please check one):

- | | | | | | |
|-------------|-----------|-------------|--------------|-------------|------------------|
| Banner/Sign | Billboard | Direct Mail | Seminar | Newspaper | Promotional Item |
| Radio | TV | Website | Yellow pages | Other _____ | |

For Jasper Engines and Transmissions Use Only

Date Processed	<input style="width: 95%;" type="text"/>	% Paid	<input style="width: 95%;" type="text"/>
Branch #	<input style="width: 95%;" type="text"/>	Total Amt. Paid	<input style="width: 95%;" type="text"/>
Co-op Year	<input style="width: 95%;" type="text"/>	Credit Memo #	<input style="width: 95%;" type="text"/>

Fax to: 812-481-0217
attn: Co-op Advertising

Mail to: Jasper Engines & Transmissions
Attn: Co-op Advertising
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Email to: jennifer.hohl@jasperengines.com