



## MARINE CO-OP ADVERTISING CLAIM FORM

DEALER #:  
DEALER NAME:

Please provide dealer information. Must include dealer number.

Claim No: \_\_\_\_\_  
 Claim Date: \_\_\_\_\_  
 Phone No: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_

**SUZUKI USE ONLY**  
DO NOT WRITE IN SHADED AREAS

Item No.	Name of Publication, Show, Radio, Etc.	Dates of Ads, Radio Schedules, T.V. Events, Etc.	Total Amount of Bill	Suzuki Portion of Ad (%)	Amt. Of Reimbursement
1					
2					
3					
4					
5					
6					
7					
DEALER SIGNATURE		TOTAL \$ AMOUNT SUBMITTED ▶			
TOTAL AMOUNT APPROVED		DATE		APPROVED BY	

**FOR SUZUKI USE ONLY - COMMENTS**

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

6 \_\_\_\_\_

7 \_\_\_\_\_

<p><b>REQUIRED DOCUMENTATION</b> *Refer to your Dealer Program binder for details.</p> <p><b>FOR NEWSPAPER/MAGAZINE:</b></p> <p><input type="checkbox"/> Copy of paid invoice from paper showing net cost.(including any discount) of space.</p> <p><input type="checkbox"/> Full-page tear sheet showing newspaper/magazine name and date of publication.</p> <p><b>FOR TV/CABLE:</b></p> <p><input type="checkbox"/> Copy of paid invoice from station showing net cost of time, including any discount.</p> <p><input type="checkbox"/> Notarized affidavit/script (supplied by TV station) showing broadcast dates &amp; times</p> <p><input type="checkbox"/> Video tape of spot.</p>	<p><b>FOR RADIO:</b></p> <p><input type="checkbox"/> Notarized Script.</p> <p><input type="checkbox"/> Copy of paid invoice from station showing net cost of time, including any discount.</p> <p><input type="checkbox"/> Affidavit (supplied by radio station showing broadcast dates &amp; times)</p> <p><b>FOR BOAT SHOWS:</b></p> <p><input type="checkbox"/> Copy of space contract</p> <p><input type="checkbox"/> Copy of paid invoice</p> <p><input type="checkbox"/> Photos of entire space and products</p> <p><input type="checkbox"/> Overhead diagram of show layout indicating total number of boats and total number of Suzuki outboards</p>	<p><b>FOR BILLBOARDS:</b></p> <p><input type="checkbox"/> Copy of paid invoice from posting company indicating posting dates and net cost.</p> <p><input type="checkbox"/> Copy of signed contract.</p> <p><input type="checkbox"/> photograph of billboard in place.</p> <p><b>FOR YELLOW PAGES:</b></p> <p><input type="checkbox"/> Original, full page tear sheet</p> <p><input type="checkbox"/> Copy of contract showing the monthly and yearly amount and directory name</p> <p><input type="checkbox"/> Copy of paid invoice/phone bill</p>
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**THIS CLAIM FORM MUST BE SUBMITTED WITH THE REQUIRED DOCUMENTATION WITHIN 45 DAYS OF THE ADVERTISING DATE TO QUALIFY FOR REIMBURSEMENT**

MAIL THIS FORM WITH REQUIRED DOCUMENTATION TO:  
 Suzuki Marine Co-op - c/o Advertising Checking Bureau - PO Box 52118, Phoenix, AZ 85072-2118  
 (602) 438-2320 - Fax (602) 438-4837