

# Co-op Advertising Claim Form

\*Required Fields

\*Distributor \_\_\_\_\_

\*Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Phone \_\_\_\_\_ Email \_\_\_\_\_ Fax \_\_\_\_\_

Date	Publication/ Station Name	Ad Size	Media Rate	# Insertions	Total	% Co-op	Amount Claimed

Total Amount Claimed \_\_\_\_\_

Y    N    I have submitted a copy of Ad/Script to Ragno Sales Support Manager

Y    N    I have submitted a copy of associated invoice to Ragno Sales Support Manager

Distributor Representative \_\_\_\_\_ Date \_\_\_\_\_

Ragno Sales Support Manager \_\_\_\_\_ Date \_\_\_\_\_