

# RH PETERSON CO. CO-OP ADVERTISING CLAIM FORM

Date

**Distributor**

Name:

Address:

City:  State:  Zip:

**Dealer**

Name:

Address:

City:  State:  Zip:

Advertising or Promotion	Date Issued	Reference or Invoice No.	Type of Ad/Promotion	Total Cost of Ad/Promotion	% Designated to RHP	Subtotal: RHP Portion	**RHP Co-op %	Total Credit Due from RHP	*Reserved Notes
1	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
				<input type="checkbox"/> Real Fyre	<input type="checkbox"/> Fire Magic	<input type="checkbox"/> AOG	<input type="checkbox"/> DVI	<input type="checkbox"/> AFD	
2	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
				<input type="checkbox"/> Real Fyre	<input type="checkbox"/> Fire Magic	<input type="checkbox"/> AOG	<input type="checkbox"/> DVI	<input type="checkbox"/> AFD	
3	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
				<input type="checkbox"/> Real Fyre	<input type="checkbox"/> Fire Magic	<input type="checkbox"/> AOG	<input type="checkbox"/> DVI	<input type="checkbox"/> AFD	
4	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
				<input type="checkbox"/> Real Fyre	<input type="checkbox"/> Fire Magic	<input type="checkbox"/> AOG	<input type="checkbox"/> DVI	<input type="checkbox"/> AFD	
5	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
				<input type="checkbox"/> Real Fyre	<input type="checkbox"/> Fire Magic	<input type="checkbox"/> AOG	<input type="checkbox"/> DVI	<input type="checkbox"/> AFD	
6	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
				<input type="checkbox"/> Real Fyre	<input type="checkbox"/> Fire Magic	<input type="checkbox"/> AOG	<input type="checkbox"/> DVI	<input type="checkbox"/> AFD	

Notes

**Grand Total:**

**I certify that the above advertising/promotion claim complies with RHP policies**

**Submitted by/Title:** \_\_\_\_\_

\_\_\_\_\_  
**Authorized Dealer Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Authorized Distributor Signature**

\_\_\_\_\_  
**Date**

\*\*See Robert H. Peterson Company Co-Op Advertising and Promotion Policy for applicable %. Please attach bill tear sheet and appropriate documentation (ad and/or photo).

Your claim will not be processed without it. Current logos and images from the Peterson website must be used to receive Co-op credit.

Mail to: R.H. Peterson Co./Co-op Advertising, 14724 E. Proctor Ave., City of Industry, CA 91746 or email to: [mktg@rhpeterson.com](mailto:mktg@rhpeterson.com)

Form #CO-14 Rev.6 8-9-16