

## DISPLAY CLAIM FORM

Product(s)  Real-Fyre  Fire Magic  AOG  Direct Vent  American Fyre Design

Date Submitted

### Distributor Information

Company:

Address:

City  State  Zip

Phone:  Contact:

### Dealer Information

Store Name:

Address

City  State  Zip

Phone:  Contact:

### Product Information

|   | Part Number          | Description          | Qty                  | Cost                 | Total Cost           | Deduction            | Display %            | Credit Due           | *Reserved Notes      |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 5 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 6 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Comments or special instructions:

**TOTAL:**

I certify that the above accurately describes the **NEW** product(s) on display at the above listed store, and that the attached image(s) is a true depiction of that display.

Installation Date

Authorized Dealer Signature

Date

Authorized Distributor Signature

Date

\*Submit claim form with photograph for each display. Real-Fyre claims require a photo showing burning display.

**ALL FIELDS ON THIS FORM MUST BE COMPLETED TO PROCESS YOUR CLAIM. TWO (2) SIGNATURES ARE REQUIRED. INCOMPLETE FORMS WILL BE RETURNED.**

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