

Date

# RH PETERSON CO.

## 2026 CO-OP ADVERTISING CLAIM FORM

**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				Real Fyre	Fire Magic	AOG	DVI	AFD	
2				Real Fyre	Fire Magic	AOG	DVI	AFD	
3				Real Fyre	Fire Magic	AOG	DVI	AFD	
4				Real Fyre	Fire Magic	AOG	DVI	AFD	
5				Real Fyre	Fire Magic	AOG	DVI	AFD	
6				Real Fyre	Fire Magic	AOG	DVI	AFD	

Notes

**Grand Total:**

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

<p><b>Authorized Dealer Signature</b></p>	<p><b>Date</b></p>	<p><b>Authorized Distributor Signature</b></p>	<p><b>Date</b></p>
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Submitted by/Title: \_\_\_\_\_