

SANYO FISHER COMPANY

CO-OP ADVERTISING CLAIM

NO DEDUCTIONS ALLOWED

General Information

This request for advertising credit is based upon qualifying advertising in accordance with the SFC Co-op Advertising Program.

FISHER SANYO CE SANYO HA **1** Security Products HVAC (Check only one)

2 Customer No _____ Salesman No _____ DM No _____
 Name _____
3 Address _____
 City _____ State _____ Zip _____

CO-OPTIMUM USE ONLY

Dates In _____
 Output _____
 Return _____
 Final Out _____

Advertising Information

Use one line per media and/or eligible product advertised: list all details. (Shared areas for Co-optimum use only.) PLEASE PRINT

4 PRODUCT CATEGORY	5 MEDIA NAME	6 AD DATE	7 AD SIZE/SHARE	8 NET MEDIA RATE	9 MEDIA COST
1					
2					
3					
4					
5					
6					
7					
8					

Media Requiring Prior Approval* (SEE INSTRUCTIONS BELOW) Total Media Cost

12 SFC Authorization _____ Date _____ **10** Total Claimed _____
 Special Instructions _____

Claim Submittal

Send top two (2) copies of this form within 60 days of ad date to:
Security Products National Sales Manager, SFC Headquarters

Supporting documentation required by SFC to accompany this claim. (Please refer to your SFC CO-OP PROGRAM guide for details).

A. PRINT.....Two (2) full tearsheets of ad and an original copy of the paid media invoice.

B. BILLBOARDS*.....Two (2) dated photos of billboards at site and paid invoice for the space.

C. SPECIAL MEDIA*.....Two (2) original catalogs, circulars, or mailers and corresponding original copy of the paid media invoice. Mailers require two original post office receipts, showing total copies mailed and postage paid.

D. BROADCAST.....Two (2) copies of notarized ANA "electronic" tear sheet and corresponding original copy of paid media invoice.

***Claims requiring prior approval**...Fill in above "advertising information" section detailing planned ad (attach further explanation or samples if necessary) and send two (2) copies of this form to: **Security Products Division**
21605 Plummer Street
Chatsworth, CA 91311

***see reverse side for further details**

After review, authorized forms will be returned to you: standard claim submittal (above) procedure applies.

FOR CO-OPTIMUM USE ONLY	
Approved	Resub
Denied	
Paid	
Auditor	
Date	

This credit request complies with the current SFC Co-op Advertising Program

11 Customer Signature: _____ Date _____