



CO-OP PROGRAM

Outdoor Equipment Distributors, Inc. — Phone: 800.827.7870 — Fax: 800.877.9163 — oedinc.com

Co-op Advertising Claim Form

Dealer Name: _____

OED Dealer #: _____

City/State: _____

Dealer Claim #: _____

(For dealer accounting purposes only; not required.)

Form of Advertising:

Print

- Copy of media invoices showing net cost of space, less all discounts, rebates, and production costs.
- Full-page tear sheet for each date and edition used.

Event

- Copy of invoices showing food/beverage, rental, and/or trade show booth costs.
- Picture of open house or entire trade show booth showing Wright products were present.

Direct Mail

- Copy of invoices showing printing, mailing, and postage costs.
- Sample of entire direct mail piece.

Co-op Reimbursement:

Media	Advertising Date	Total Cost of Adv. (A)	Wright % of Adv. (B)	Wright Portion of Adv. (A x B)	Co-op Credit (OED use only)
EXAMPLE - Daily Times	4/5/14	\$100.00	100%	\$100.00	\$50.00
EXAMPLE - Times Daily	4/12/14	\$100.00	50%	\$ 50.00	\$25.00
		\$	%	\$	\$
		\$	%	\$	\$
		\$	%	\$	\$
		\$	%	\$	\$
		\$	%	\$	\$
		\$	%	\$	\$
Grand Total		\$		\$	\$

Dealer Signature

Date

Dealer must mail a copy of all necessary proof of performance along with this completed form within 60 days of the date of the media invoice to:

Outdoor Equipment Distributors, Inc.
Attn: Advertising
PO Box 58494
Raleigh, NC 27658-8494

No Faxed-In Requests Will Be Processed