

ARETT SALES' 2011 CO-OP CLAIM FORM

IN ORDER TO ENSURE SWIFT AND ACCURATE PROCESSING OF ALL CLAIMS, THIS FORM
MUST BE SUBMITTED WITH EACH CO-OP CLAIM - OR THE CLAIM WILL BE RETURNED.
PLEASE COMPLETE A SEPARATE SHEET FOR EACH AD & MANUFACTURER (PLEASE PRINT CLEARLY)



Date: _____ Arett Customer #: (if you know it) _____

Store Name: _____

Store Mailing Address: _____

City/State/Zip: _____

YOUR CLAIM #: _____

(this number will be referenced on claim notification)

Your Name: _____

Signature: _____

Phone Number: _____

Fax Number: _____

E-Mail Address: _____

There are certain criteria that must be met for a claim to be considered legitimate by a manufacturer. The check list below reflects these criteria. If ALL criteria set out below cannot be met do not submit the claim - it will be rejected by the manufacturer and returned to you.

- Ad contains manufacturer's Logo
- Ad contains manufacturer's product images
- Ad contains product benefits and a price

All ads/direct mail must be submitted with proof of performance or the claim will be rejected by the manufacturer. The following documents must be submitted or do not submit the claim - it will be rejected by the manufacturer and returned to you.

- ORIGINAL AD: full newspaper page (tear sheets) or actual piece must be attached
- Distribution invoice must be attached
- Printing invoice must be attached

Please submit enough copies and originals of each of the above to send out to each manufacturer.

CLAIM WORKSHEET:

This form must be completed and attached to each claim for processing.

Ad Date: _____ Manufacturer Name: _____

Total Printing Cost: \$ _____ (invoice attached)

Distribution/Insertion Cost: \$ _____ (invoice attached)

Size of Advertised Piece: _____ " (L) x _____ " (W) = _____ square inch

Newspaper Ads ► Size of one full page: _____ (in inches)

Inserts/Circulars ► Total Number of Pages in your piece: _____

Measure each ad space used for the particular manufacturer. If one manufacturer appears several times in a piece, complete the various spaces below for each item

Ad Space 1: _____ " (L) x _____ " (W) Item on Page #: _____ Item Name: _____

Ad Space 2: _____ " (L) x _____ " (W) Item on Page #: _____ Item Name: _____

Ad Space 3: _____ " (L) x _____ " (W) Item on Page #: _____ Item Name: _____

Ad Space 4: _____ " (L) x _____ " (W) Item on Page #: _____ Item Name: _____

Mail this form & all attachments to (unless otherwise indicated in Claim Remittance):
Arett Sales CO-OP Processing • 1152 Marlkrass Rd • Cherry Hill, NJ 08003

Keep a copy for your records. Please allow at least 8 weeks for Arett Sales' processing.

ABSOLUTELY NO CO-OP FUNDS ARE TO BE DEDUCTED FROM ARETT INVOICES!

If ad and claim do not follow co-op guidelines, the claim will not be processed and will be returned to you.

Thank you for using this free service courtesy of your friends at Arett Sales.

Questions? Call 800-257-8220 and ask for the co-op coordinator or call your sales representative

ARETT SALES 1152 Marlkrass Rd • Cherry Hill, NJ 08003 • 800-257-8220 • FAX: 856-751-7167