



MOTORCYCLE/ATV/SCOOTER CO-OP ADVERTISING CLAIM FORM

DEALER #: DEALER NAME:	For Reference No., please use your dealer number plus the number claim this is: Example, if this is your third claim, Ref. No: XXXXXX03	Reference No.: _____ Claim Date: _____ Phone No: _____ Contact Name: _____
Please provide dealer information. Must include dealer number.		SUZUKI USE ONLY DO NOT WRITE IN SHADED AREAS

Item No.	Name of Publication, Show, Radio, Etc.	Dates of Ads, Radio Schedules, TV Events, Etc.	Total Amount of Bill	Code	Amt. of Reimbursement Below	*See
1						
2						
3						
4						
5						
6						
DEALER SIGNATURE			TOTAL \$ AMOUNT SUBMITTED			
TOTAL AMOUNT APPROVED			DATE	APPROVED BY		

FOR SUZUKI USE ONLY-COMMENTS:

1
2
3
4
5
6

REQUIRED DOCUMENTATION:
 *TO QUALIFY FOR REIMBURSEMENT: APPROPRIATE SAFETY MESSAGE MUST BE PRESENT AND ACTIVITY MUST BE 100% SUZUKI (ie. NO COMPETITIVE PRODUCT OR MENTIONS ALLOWED)

<p>FOR NEWSPAPER</p> <ul style="list-style-type: none"> • Copy of paid invoice from paper showing net cost of space (including any discounts) . • Full-page tear sheet showing paper/magazine name and date of publication. <p>FOR DIRECT MAIL:</p> <ul style="list-style-type: none"> • Copy of paid itemized invoice showing net cost of space (including any printing charges and discounts) • Actual sample of Direct Mail piece. Photocopies and mock ups not permitted. <p>FOR TV/CABLE:</p> <ul style="list-style-type: none"> • Copy of paid invoice from station showing net cost of time, broadcast dates & times, spot costs (including any discount) • Script on Station letterhead, with notarized affidavit of performance (ANA) referencing invoice submitted (notary expiration date must be visible) • Video tape (VHS)/DVD of spot 	<p>FOR RADIO:</p> <ul style="list-style-type: none"> • Copy of paid invoice from station showing net cost of time, broadcast dates & times, spot costs (including any discount) • Script on Station letterhead, with notarized affidavit of performance (ANA) referencing invoice submitted (notary expiration date must be visible) <p>FOR BILLBOARD</p> <ul style="list-style-type: none"> • Copy of paid invoice from posting company indicating posting dates & net cost • Copy of signed contract • Photo of billboard in place <p>FOR SHOWS & EXHIBITS:</p> <ul style="list-style-type: none"> • Copy of paid invoice and space contract • A hand-drawn overhead diagram of booth. • Photos of space and all products offered in space (min. of 4) 	<p>GIVEAWAYS:</p> <ul style="list-style-type: none"> • DSM signed giveaway approval form • Copy of MSO (front & back) and Bill of Sale with VIN# clearly visible • Copy of SMAI warranty registration form • Photos of event • Proof of advertising
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THIS CLAIM FORM MUST BE SUBMITTED WITH THE REQUIRED DOCUMENTATION WITH IN 60 DAYS OF THE ADVERTISING DATE TO QUALIFY FOR REIMBURSEMENT

MAIL THIS FORM WITH REQUIRED DOCUMENTATION TO:
 Suzuki M/C-Scooter-ATV Co-op - c/o Advertising Checking Bureau - PO Box 52118, Phoenix, AZ 85072-2118
 (602)438-2320 FAX (602)438-4837 - EMAIL: suzuki@acbcoop.com