



COOP CLAIM FORM

This is a fillable PDF form.
Print clearly when completing by hand.

Brand for claim:

Claims are to be submitted to your Distributor within the 30-days of the advertising campaign launch. Email this claim to your distributor representative for review and authorization. Claims will be credited in the calendar year they are received by ICC. Fourth quarter claims must be received by January 31.

Dealer: _____ Date: _____

Address: _____ Phone: _____

City: _____ Prov/State: _____ PC/ZIP: _____

Contact: _____ Email: _____

Distributor: _____ Distributor Rep: _____

Ensure the following documents are submitted to ICC with the claim:

- A completed and distributor approved coop claim form.
- Proof of advertising (advertising tear sheet, photo or screenshot, radio script etc), clearly demonstrating ICC's representation.
- Copy of the invoice.

To be completed and signed by the distributor:

AD DATE	TYPE OF ADVERTISING	DESCRIPTION OF ADVERTISING	COST (excl. tax)	COOP %	ELIGIBLE AMOUNT

Maximum coop percentages are based on the previous year's purchases of ICC-branded products:

- A maximum of 2% allotted funds for coop expenses
- A maximum of 0.5% allotted funds may be applied to online advertising
- ICC will pay 100% of the cost for clothing, up to a limit of 0.25% of your annual coop amount

TOTAL CLAIM

Distributor Representative - Signature

