



50/50 CO-OP CLAIM FORM
January 1, 2023 thru December 31, 2023

Account No. Account Name:

Address:

City: State: Zip:

Phone No.:

Contact Name: Date:

Contact Email:

Bush Hog Sales Rep's Name:

THE FOLLOWING MATERIALS MUST BE SUBMITTED FOR CLAIM TO BE EXPEDITED OR THE CLAIM WILL BE RETURNED TO THE DEALER

- 1. Payment Claim Form
2. Invoice from Publication
3. Full Page Original Tear Sheet

Submit Claims To:
Bush Hog Inc.
Devon Gray
2501 Griffin Ave
Selma, AL 36702
Email: devon.gray@bushhog.com

To Order Ad Slicks, Write or Email:
Bush Hog Inc.
Marketing Dept.
2501 Griffin Ave
Selma, AL 36702
Email: devon.gray@bushhog.com
or go to the Dealer site at www.bushhog.com

Total Cost of Ad \$

Claimed portion (50%) to be credited to dealer's account \$

Publication Date
Publication Date
Publication Date
Publication Date
Publication Date