



75/25 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 (75%) to be credited to dealer's account \$ _____

Publication _____

Date _____

Publication _____

Date _____

Publication _____

Date _____

Publication _____

Date _____

Publication _____

Date _____