



CO-OP CLAIM FORM

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 & Order Ad Slicks, Write or Email:

Bush Hog Inc.
Marketing Dept.
2501 Griffin Ave
Selma, AL 36702
Email: co_op@bushhog.com
or go to the Dealer site at www.bushhog.com

Total Cost of Ad

\$ _____

Claimed portion (50/50% or 75/25% (based upon your awarded co-op) to be credited to dealer's account

\$ _____

Important Co-Op Updates:

1. All Co-Op Claims Must Be Made Within 45 Days Of Receiving Invoice
2. All Events must be pre-approved by Bush Hog prior to signing of event agreement
3. Bush Hog does not reimburse for dealer memberships or associations