



THE SANSIN CORPORATION

111 MacNAB AVENUE, STRATHROY, ONTARIO, CANADA N7G 4J6 PH: 519-245-2011 FAX: 519-245-4759

## Co-op Claim Submission Form

**Please complete this form and fax to 519-245-4759 or email to [marketing@sansin.com](mailto:marketing@sansin.com)**

Dealer:	
Date Submitted:	
Contact Name:	
Contact Phone/Email:	

### Co-op Submission Info:

Type of Promotion (I.e. Ad, Digital, Direct Mailer, Event, etc.)	
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Requirements:	Check Box
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<b>Copy of Supplier Paid Invoice (Required)</b>	<input type="checkbox"/>
<b>Copy of Sansin Approved Material (Required)</b>	<input type="checkbox"/>
If Print Media - include tear sheet or photo of printed advertisement	<input type="checkbox"/>
If Direct Mail Campaign - Include insert/coupon	<input type="checkbox"/>
If Billboard - Include onsite photo	<input type="checkbox"/>
If signage/window cling - Include photo of installed sign/window cling	<input type="checkbox"/>
If Vendor Purchased Merchandise - Include sample or photo of item	<input type="checkbox"/>
If digital media, include PDF and/or link to active campaign or example	<input type="checkbox"/>
If TV or Radio - Script with dates and times aired	<input type="checkbox"/>
If Vehicle Wrap - Photo of vehicle with Sansin approved artwork	<input type="checkbox"/>
If Tradeshow - Photo of live booth at the exhibition	<input type="checkbox"/>
Other - include written Sansin Authorization	<input type="checkbox"/>

Additional Information:	
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