

**Kawasaki Motors Corp., U.S.A.**

# CO-OP ADVERTISING CLAIM FORM

**This form is to be completed, signed and submitted only by the dealer named herein.**

Dealer Name \_\_\_\_\_ Dealer Number \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

The following are approved forms of media within the Kawasaki Co-op Advertising Program:

**TV Spots & Running Footage**

**Radio Spots**

**Newspaper**

**Magazine**

**Buyer's Guide & Classified Print Ads**

**Direct Mail**

**Flyers & Circulars**

**Billboards**

**Truck/Graphic Wraps**

**Internet/Facebook Banner Ads**

**Promotional & Event Marketing**

**Yellow Pages**

**Product Brochures**

**POP Materials**

			KMC USE ONLY	
Qualifying Media	Date(s) Used	Total Amount of Bill	Co-op % Approved	Co-op % Amount Paid
			<b>Total Co-op Amount Paid</b>	<b>\$</b>

**DO NOT SUBMIT THIS FORM UNLESS YOU HAVE MET ALL REQUIREMENTS LISTED UNDER THE CO-OP CHECKLISTS SECTION IN THE KAWASAKI CO-OP ADVERTISING PROGRAM GUIDELINES (FOUND IN THE AD PLANNER AT [www.kawasakiadplanner.com](http://www.kawasakiadplanner.com)) FOR THE MEDIUM/MEDIA YOU WISH TO CLAIM. PLEASE INCLUDE ALL NECESSARY DOCUMENTATION AND MATERIALS WHEN YOU SUBMIT THIS CLAIM TO THE ADVERTISING CHECKING BUREAU (ACB).**

I hereby certify that all information contained herein and attached to this claim form is true and accurate.

\_\_\_\_\_  
Authorized dealer signature

Please submit this form and appropriate documentation to: Advertising Checking Bureau (ACB), P.O. Box 52118, Phoenix, AZ 85072.  
Revised 9/20/11