

## CO-OP ADVERTISING CLAIM FORM

### How to file a Claim

To receive reimbursement for your approved Aprilaire advertising expenditures, simply fax or mail the following information:

*\*\*\*Ads provided by Aprilaire do not need pre-approval. All other custom ads must be pre-approved to be reimbursed.\*\*\**

### 1. Contact Information

Today's Date: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

### 2. Advertising Information

Type of media (please include channel, station or publication name, or quantity of direct mail):

\_\_\_\_\_

Date(s) the ad ran: \_\_\_\_\_

An annual flat fee of \$100 per Aprilaire product category shown on your website-

Address: www. \_\_\_\_\_

An annual flat fee of \$100 per product category - On-hold message – Phone #: \_\_\_\_\_

An annual flat fee of \$100 on a link to Aprilaire.com

### 3. Include the following attachments

1. Invoice for advertising dollars paid

2. Copy of ad

a. For publications provide a tear sheet

b. For radio, TV and on-hold messages, provide a recording, station log and/or script

3. If custom advertising, copy of completed and signed pre-approval form.

**Custom advertising must be pre-approved before the advertising runs to be reimbursed.**

4. Fax to: 608-310-6508

Questions: Call 1-800-334-6011 or

Or Send to: Aprilaire

E-mail: ads@aprilair.com

PO Box 1467

Madison, WI 53701

Upon verification of the claim, your Co-op account will be debited for the amount of the claim eligibility. Claims that are submitted with all the necessary supporting data will be paid within 30 days. Claims that exceed the available funds will be processed with the available funds in your account. A letter outlining your account balance will accompany all claims processed.

If you would like to check the amount of dollars your Co-op account has accrued, please e-mail us at ads@aprilair.com or call 1-800-334-6011.