

MARKETING SERVICES

SECTION THREE

Metallic Co-Op Reimbursement Form

Company Name: _____ Date: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Signature: _____

DO NOT FAX! Faxed orders will not be processed. Proofs must be attached to form.

PLEASE MAIL TO: METALLIC BUILDING COMPANY • ATTN: MARKETING • P.O. BOX 40220 • HOUSTON, TX 77240-0220

Media Check box	Expenditures	Verification (DO NOT FAX!) Both boxes must be checked & all proofs attached to this form.
<input type="checkbox"/> Newspaper	\$	<input type="checkbox"/> Ad tearsheets with publication dates AND <input type="checkbox"/> Copy of paid invoices
<input type="checkbox"/> Magazine	\$	<input type="checkbox"/> Ad tearsheets with publication dates AND <input type="checkbox"/> Copy of paid invoices
<input type="checkbox"/> Television	\$	<input type="checkbox"/> Scripts with air dates AND <input type="checkbox"/> Copy of paid invoices
<input type="checkbox"/> Radio	\$	<input type="checkbox"/> Scripts with air dates AND <input type="checkbox"/> Copy of paid invoices
<input type="checkbox"/> Billboards	\$	<input type="checkbox"/> Pictures with display dates AND <input type="checkbox"/> Copy of paid invoices with posting dates
<input type="checkbox"/> Yellow Pages	\$	<input type="checkbox"/> Evidence of advertising AND <input type="checkbox"/> Copy of paid invoices
<input type="checkbox"/> Other	\$	<input type="checkbox"/> Proof of advertising AND <input type="checkbox"/> Copy of paid invoices
<input type="checkbox"/> Other	\$	<input type="checkbox"/> Proof of advertising AND <input type="checkbox"/> Copy of paid invoices
TOTAL INVESTMENT	\$	Total Builder Advertising Investment
ELIGIBLE FUNDS	\$	Total Eligible Funds (Investment x 50%)

FOR OFFICE USE ONLY:

Date Received _____ / _____ / _____ (A) Builder \$ _____ (B) 1/2% of A \$ _____

(C) Total advertising expenses submitted for Co-op \$ _____

(D) Reimbursement Amount (Lesser of B or C) \$ _____