

Co-op Advertising Claim Form

MCAC-7

Prior Approval is Required on ALL Non-Standard Co-op Programs

Supporting documentation must be submitted before this claim will be processed

- Prior approval
- Final approval

Check one:

- | | | | |
|---|----------------------------------|--|--|
| <input type="checkbox"/> SpacePak | <input type="checkbox"/> Petite | <input type="checkbox"/> Turbonics | <input type="checkbox"/> ATH |
| <input type="checkbox"/> Beacon/Twin-flo | <input type="checkbox"/> Heatrim | <input type="checkbox"/> Sterling Commercial | <input type="checkbox"/> Smith Boilers |
| <input type="checkbox"/> Beacon Gas Unit Heater | <input type="checkbox"/> Suntemp | <input type="checkbox"/> Airtherm | <input type="checkbox"/> RBI |
| <input type="checkbox"/> Sterling Residential | <input type="checkbox"/> Embassy | <input type="checkbox"/> Vulcan | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> DesignLine | <input type="checkbox"/> Argo | <input type="checkbox"/> Sterling Gas Products | |

To Be Completed By Distributor or Rep:

Distributor

Date _____ PO # _____

Credit Requested By:

Total Claim _____ Co-op Amount Requested _____

Distributor Approval

Description of Claim

To Be Completed By Representative:

Manufacturer's Representative

Percentage of Participation:

Wholesaler _____% Contractor _____% Rep _____% Mestek _____%

Representative Approval

Total Rep. Participation:

Credit To: _____

Debit From: _____

Credit Amount: _____

Debit Amount: _____

Submit this form and all attachments to :
Mestek, Inc., 260 North Elm St., Westfield, MA 01085

Office Use Only:

Approved By: _____

Product Code _____

Customer # _____

Reason Code _____

Rep # _____