



# CO-OP ADVERTISING CREDIT CLAIM FORM

Please complete this form and submit it, accompanied by all necessary receipts and documentation to:

Corporate Marketing Department  
Semling-Menke Co., Inc.  
605 N. Ohio St.  
Merrill, WI 54452

**CLAIMANT'S ADDRESS:**

NAME: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**SEND CREDIT TO** (COMPLETE THIS AREA ONLY IF CREDIT IS TO BE SENT TO AN ADDRESS DIFFERENT FROM THE ONE SHOWN ABOVE.)

NAME: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE	DESCRIPTION OF ACTIVITY	COST*	CO-OP APPLIED

\*Do not include any taxes.

TOTAL CREDIT APPLIED FOR: \_\_\_\_\_

Customer Signature: \_\_\_\_\_