

Motorola Bill Stuffer Order Form

▶ Order Form (Items marked with * will print on Bill Stuffer.)

*Dealership Name _____

Contact Name _____ Motorola# _____

*Website _____ Email Address _____

*Address _____

*City _____ *State _____ *Zip _____

*Telephone _____ Fax _____

(Bill Stuffers will be shipped to the above address unless stated otherwise.)

Check if **email address** should print on bill stuffer.

Please include my company logo on Bill Stuffer. (Please email your logo to tiffanie@streamcompanies.com.)

▶ Check the **Bill Stuffer** design(s) you wish to buy:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> CM200d/CM300d | <input type="checkbox"/> Digital VS Cell - Choice Is Yours | <input type="checkbox"/> More Than Radio | <input type="checkbox"/> SES - Black/Lime [†] |
| <input type="checkbox"/> Control Your World | <input type="checkbox"/> Don't Gamble | <input type="checkbox"/> MotoTRBO General | <input type="checkbox"/> SES - Grid [†] |
| <input type="checkbox"/> CP200d - Education | <input type="checkbox"/> eSeries | <input type="checkbox"/> Neon Accessories | <input type="checkbox"/> SES - Red Fireman [†] |
| <input type="checkbox"/> CP200d - General | <input type="checkbox"/> Get Connected | <input type="checkbox"/> SchoolSafe | <input type="checkbox"/> XPR3000e Series |
| <input type="checkbox"/> CP200d - Industries | | | |

[†]These 3 designs uses SDF (Service Development Funds).

▶ Choose your Bill Stuffer quantity:

- | | |
|---|---|
| <input type="checkbox"/> 500 = \$300 | <input type="checkbox"/> 1,500 = \$377 |
| <input type="checkbox"/> 750 = \$319 | <input type="checkbox"/> 2,000 = \$425 |
| <input type="checkbox"/> 1,000 = \$325 | <input type="checkbox"/> 5,000 = \$575 |

For special requests, such as adding information that is currently not shown on the template, a charge of \$25 will be applied. Please call your account representative with any questions.

▶ INDICATE OFFER TO APPEAR ON BILL STUFFER (OPTIONAL):

▶ Agreement

I agree to follow the guidelines set forth in the Motorola co-op program. I understand that the above program must be pre-approved for reimbursement. After completing the order, your dealership will be reimbursed through Motorola, once appropriate documentation is sent. Stream Companies' payment terms are net 30.

Authorized Signature _____ Order Total \$ _____ Date _____

Please fax completed form to (610) 540-6433, Attn: Tiffanie Alten.

- Deduct Funds from My Co-op Account Bill My Dealership Directly

*Please remember to send over your Vendor Co-op Release Form and we will submit to Brand Muscle.

stream
companies

www.streamwirelesscoop.com
400 Lapp Road
Malvern, PA 19355

**FAX THIS ORDER TO
610-540-6433**

Your Account Executive



Tiffanie Alten
Motorola Co-op Manager
[Voice] 610.644.8637 x247
tiffanie@streamcompanies.com

**Call me TODAY
and ask about
co-op for
Motorola**

REV 7/19/17



Direct Deduct Co-op Release Authorization Form

(Use this form to approve the release of co-op funds directly to the vendor listed below. The standard Prior Approval and Claim forms should be used for all other authorizations. This authorization is not transferable, and is valid only for the below described activity.)

Vendor Instructions:

Step 1: Complete form and obtain signature from authorized dealer representative

Step 2: Submit a prior approval request to TradeOne – include a copy of this form along with the proposed activity description and sample – make changes if requested. Fax to 512-427-0452.

Step 3: If approved, complete marketing activity for dealer

Step 4: Submit invoice with all required paperwork to TradeOne.

For TradeOne Use Only:

Reviewed by: _____

Activity Approved: Yes No

Required Changes: _____

Approval No.: _____ Percent Approved: _____%

Funds Reserved: Yes No Amount \$ _____

Billable to: c/o TradeOne Dealer Only

Dealership Name _____

Motorola Dealership Number _____ (should be 10 digits)

Authorizing Dealer Representative _____ (print name here, signature below)

Vendor/Activity Information:

In order for TradeOne Marketing to be authorized to reserve funds and dispense payment from your Motorola co-op fund, please fill out the following information. Please specify the maximum amount of funds you are authorizing for this order.

Supplier/Vendor Name _____ Contact: _____

Marketing Activity Description _____ Phone # _____

Maximum Co-op Deduction Authorized \$ _____ (subject to available funds)

(Prior to releasing any co-op payments, TradeOne Marketing will review all submissions for the required proof of performance documents and compliance with the terms of the current co-op program guidelines. Payment will be made only on marketing activities that are in compliance with the current co-op guidelines. Activities failing to adhere to these terms will not be approved for payment. Pre-payment of funds is not allowed. Reimbursement will only be made once the activity is completed and reviewed for compliance.)

Terms Acceptance Agreements:

- A. Motorola reserves the right to void any claims that do not comply with the terms and conditions of the co-op program policy
- B. **Prior approval is required for all activities** unless expressly stated otherwise by Motorola
- C. Dealer authorizes TradeOne Marketing to release dealer co-op account balance information to vendor selected above
- D. Dealer agrees to pay any outstanding balance owed to vendor due to insufficient available co-op funds. **Pending payments to vendors against coop funds not yet earned will not be allowed.**

Dealership Authorized

Signature _____ Title _____