www.streamwirelesscoop.com

Motorola Equipment Label Order Form

Dealership Name	
Contact Name	Motorola#
Website	Email Address
Address	
City	State
Telephone	Fax
□ Address/Phone □ Logo (Please email your logo to nicol □ Phone /Website □ Other: Size: □ 1" wide x .75" high (minimum order □ 1.5" wide x 1" high Quantity: □ 500 = \$575 □ 1,000 = \$625 This estimation includes: custom Comments: (design, guidance, logo u	quantity for this size is 1,000) equipment label design time and shipping costs (ground).
Agreement I agree to follow the guidelines set forth in the	e Motorola co-op program. I understand that the above program must mpleting the video your dealership will be reimbursed through Motorola,
once appropriate documentation is sent. Stre	
And a life .	Order Total \$ Date:

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



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

FAX THIS ORDER TO: [Fax] **610-540-6433**

Your Account Executive:

Nicole Merton Motorola Co-op Manager

[Voice] **610.644.8637**

nicole.merton@StreamCompanies.com

Call me TODAY and ask about co-op for Motorola



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:	For TradeOne Use Only:	
Step 1: Complete form and obtain signature from authorized dealer representative	Reviewed by:	
Step 2: Submit a prior approval request to TradeOne – include a copy of this form along with	Activity Approved:	
the proposed activity description and sample – make changes if requested. Fax to 512-427-0452.	Required Changes:	
Step 3: If approved, complete marketing activity for dealer	Approval No.: Percent Approved:%	
Step 4: Submit invoice with all required paperwork to TradeOne.	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)	
co-op fund, please fill out the following informatth authorizing for this order.	prized to reserve funds and dispense payment from your Motorola mation. Please specify the maximum amount of funds you are 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	