

# Motorola Holiday Email Template Order Form

## ► Order Form (items marked with "\*" will appear in email)

\*Dealership Name \_\_\_\_\_

Contact Name \_\_\_\_\_ Motorola# \_\_\_\_\_

\*Website \_\_\_\_\_ Email Address \_\_\_\_\_

\*Address \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_

\*Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Sender Email Address \_\_\_\_\_

(This email address will show up as the sender address in the heading of the email)

## ► Check the **Motorola Holiday Template Email Blast Design(s)** you wish to buy:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Colored Squares | <input type="checkbox"/> Orange Scene  | <input type="checkbox"/> Scarf Radios    |
| <input type="checkbox"/> Elf Radios      | <input type="checkbox"/> Penguin Radio | <input type="checkbox"/> Snow Globe      |
| <input type="checkbox"/> Forest Radios   | <input type="checkbox"/> Radio Lights  | <input type="checkbox"/> Stocking Radios |
| <input type="checkbox"/> Gift of Radios  | <input type="checkbox"/> Radio Snowmen |  |
| <input type="checkbox"/> Halloween       | <input type="checkbox"/> Radio Wreath  |  |

**Don't see an email template listed above of a holiday design? Please list the design here that you wish to purchase:** \_\_\_\_\_

## ► Email Blast Price

\$600

INDICATE OFFER TO APPEAR ON EMAIL (optional): \_\_\_\_\_

► Email Blast Date: \_\_\_\_\_

## ► Instructions

Your email addresses need to be emailed to [Tiffanie@streamcompanies.com](mailto:Tiffanie@streamcompanies.com). **Stream will send email blast within 7 business days of receiving your order and email list (if email list is formatted properly).** Proper format is that the email addresses are in a Microsoft Excel file. If you have first and last names of your email contacts, the first and last name will need to be in separate columns in the excel file.

For example, column A - John, column B - Smith, column C - johnsmith@abccom.com.

## ► 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 Leos-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](http://www.streamwirelesscoop.com)  
400 Lapp Road  
Malvern, PA 19355

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

**Your Account Executive:**



Tiffanie Leos-Alten  
Motorola Co-op Manager  
[Voice] 610.644.8637 x247  
[tiffanie@StreamCompanies.com](mailto:tiffanie@StreamCompanies.com)

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

REV 10/8/15



## 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 \_\_\_\_\_