

Motorola Holiday/Season Themed Postcard Order Form

► Order Form (items marked with "*" will print on postcard)

*Dealership Name _____

Contact Name _____ Motorola# _____

*Website _____ Email Address _____

*Address _____

*City _____ *State _____ *Zip _____

*Telephone _____ Fax _____

Check if **email address** should print on postcard. Check if you would like **postcard samples** shipped to you.

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

► INDICATE OFFER TO APPEAR ON POSTCARD (optional): _____

► Check the **Motorola postcard** you wish to buy:

- Autumn Spring Winter
 Halloween Summer

► Please check quantity next to **turnkey price** or **postcard only price**. The **turnkey price** includes logo, printing, list rental, mailing services and mailing postage.

Postcard Turnkey Prices (check one)		OR	Postcard Only Prices (check one)	
<input type="checkbox"/> 500.....\$900	<input type="checkbox"/> 750.....\$1050		<input type="checkbox"/> 500.....\$465	<input type="checkbox"/> 750.....\$575
<input type="checkbox"/> 1,000.....\$1300	<input type="checkbox"/> 1,500.....\$1750		<input type="checkbox"/> 1,000.....\$600	<input type="checkbox"/> 1,500.....\$760
<input type="checkbox"/> 2,000.....\$2200	<input type="checkbox"/> 2,500.....\$2400		<input type="checkbox"/> 2,000.....\$970	<input type="checkbox"/> 2,500.....\$1160
<input type="checkbox"/> 5,000.....\$4300			<input type="checkbox"/> 5,000.....\$2000	

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. *Additional shipping fee will be applied for blank postcards delivered to dealers. **Please indicate physical address, shipments can not be made to a PO Box.

► List Services (complete only if you choose option 1 and wish Stream to supply a prospect list for your mailing) Stream Companies uses the finest publications lists in the industry to target the exact users of Motorola products. If more room is needed, attach another sheet.

Counties you wish to mail to: _____ List Industries: _____

► 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 mailer 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

- 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.



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

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

Your Account Executive:



Tiffanie Leos
Motorola Co-op Manager
[Voice] 610.644.8637 x247
tiffanie@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:

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 _____