

Motorola Poster Order Form

► Order Form

Dealership Name _____

Contact Name _____ Motorola# _____

Website _____ Email Address _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

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

► Check the Motorola poster(s) you wish to buy :

- | | | |
|---|---|--|
| <input type="checkbox"/> Autumn | <input type="checkbox"/> Get Connected | <input type="checkbox"/> Orange Fade |
| <input type="checkbox"/> Accessories - Keep Calm | <input type="checkbox"/> Get Supplied | <input type="checkbox"/> Reliable Mobiles |
| <input type="checkbox"/> Accessories - Neon | <input type="checkbox"/> Halloween | <input type="checkbox"/> Safety in Education - Blue |
| <input type="checkbox"/> Accessories - Power Through it All | <input type="checkbox"/> Handy Portables | <input type="checkbox"/> Safety in Education - Green |
| <input type="checkbox"/> APX Fire | <input type="checkbox"/> Handy SL Series | <input type="checkbox"/> Service - Black/Lime |
| <input type="checkbox"/> APX Police | <input type="checkbox"/> Industry Squares | <input type="checkbox"/> Service - Grid |
| <input type="checkbox"/> APX Portable | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Spring Theme 1 |
| <input type="checkbox"/> APX Mobile | <input type="checkbox"/> Minitor VI | <input type="checkbox"/> Spring Theme 2 |
| <input type="checkbox"/> Control Your World | <input type="checkbox"/> Mission Complete - APX | <input type="checkbox"/> Summer |
| <input type="checkbox"/> Digital Radio Chalkboard | <input type="checkbox"/> Mission Complete - MOTOTRBO | <input type="checkbox"/> Tools of the Trade |
| <input type="checkbox"/> Digital Radio Community | <input type="checkbox"/> Moments That Matter - Black | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Don't Gamble | <input type="checkbox"/> Moments That Matter - Blue | <input type="checkbox"/> Vegas |
| <input type="checkbox"/> eSeries | <input type="checkbox"/> Motorola Connect - Bridge | <input type="checkbox"/> Winter |
| <input type="checkbox"/> General Industry - MOTOTRBO | <input type="checkbox"/> Motorola Connect - Connection Is Power | |

► Pricing - please check quantity.

Prices include use of your company logo and printing.

- | | | |
|---|---|--|
| <input type="checkbox"/> Qty 1 = \$350 | <input type="checkbox"/> Qty 4 = \$425 | <input type="checkbox"/> Qty 8 = \$525 |
| <input type="checkbox"/> Qty 2 = \$375 | <input type="checkbox"/> Qty 5 = \$450 | <input type="checkbox"/> Qty 9 = \$550 |
| <input type="checkbox"/> Qty 3 = \$400 | <input type="checkbox"/> Qty 6 = \$475 | <input type="checkbox"/> Qty 10 = \$575 |
| | <input type="checkbox"/> Qty 7 = \$500 | |

For special requests, such as adding information that is currently not shown on the template, please contact your Account Executive for additional charges. **Please indicate physical address, shipments can not be made to a PO Box.

► 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 printed piece, 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
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

Call me TODAY
and ask about
co-op for
Motorola

REV 9/20/16



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 _____