

# Wide Area Systems 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 \_\_\_\_\_

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](mailto:tiffanie@streamcompanies.com))

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

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Blue Modern Bridge  | <input type="checkbox"/> Glowing Connect             | <input type="checkbox"/> Puzzle Piece - Industries     |
| <input type="checkbox"/> Bridge              | <input type="checkbox"/> Puzzle Piece - Construction | <input type="checkbox"/> Puzzle Piece - Transportation |
| <input type="checkbox"/> Connection is Power |  |  |

INDICATE OFFER TO APPEAR ON BILL STUFFER (optional): \_\_\_\_\_

### 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.

## ▶ 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.

**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  
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 5/27/15



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