

PREMIER PROGRAMS CO-OP PROPOSAL FORM





PLEASE CIRCLE THE APPROPRIATE PROGRAM:

NOTE: To propose access to your co-op funds you must complete this form PRIOR to conducting the marketing activity. Please fax the Proposal Form to the Premier Programs Marketing Administrator at (416) 740-2536 or (416) 740-6100 for fast Prior Approval (48-hour turn-around time).

COMPANY INFORMATION - PLEASE PRINT CLEARLY

Reseller Name:		
Address:		
Contact Name:	Email	l:
	Phone: Fax:	
Date of Request:	IM Customer Number:	
MARKETING ACTIVITY	' DETAILS	
Activity Description:	Vendor:	
Products Featured:		
Additional Vendors:		
Date(s) of Activity:	Estimated Cost of Total Activity:	
Statement Date:	Co-op Funds Available (to date):	
VENDOR AUTHORIZATION (INTERNAL INGRAM MICRO OFFICE USE ONLY)		
Prior Approval #:	Actual Co-op Funds Approv	ed:
Approved [] Vendor / IMI Signature:		Date:
Declined [] Reason for Decline:		Date:

CLAIM INFORMATION

Once the activity is completed please complete this form and forward it to the Ingram Micro Premier Programs Marketing Administrator along with these MANDATORY ITEMS:

- 1. Proof of Performance Original copy of advertisement OR tearsheet OR catalogue OR promotional item PLUS a copy of your supplier's invoices.
- 2. An invoice from your company billing Ingram Micro for the APPROVED amount of co-op dollars.
 - > DO NOT deduct this claim from your account. A credit will be issued within 30 days.
 - > Requests for funds must be made at least 30 days prior to program launch date.
 - All advertising copy must be approved by Ingram Micro Marketing prior to execution.

Submit completed proposal to: Premier Programs Marketing Administrator

Ingram Micro Premier Programs 230 Barmac Drive Weston, ON M9L 2Z3 Phone: (416)740-9404 extension 55450 Toll Free: 1-800-668-3450 extension 55450 Fax: (416)740-2536 or (416) 740-6100 Email: rbarrett@imcan.com