



COOPERATIVE ADVERTISING ALLOWANCE REQUEST FORM

TO: Advertising Coordinator
Ken-Tool
768 East North Street
Akron, Ohio 44305

We submit the following request for our Cooperative Advertising Allowance:

1. FORM OF ADVERTISING: _____
2. DATE OF ADVERTISING: _____
3. TOTAL COST OF ADVERTISING: _____

Please remit 50% of the total cost up to 1% of my Ken-Tool net purchases.

Copies of our advertising and paid invoices are attached.

WAREHOUSE DISTRIBUTOR: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE NUMBER: _____

PERSON TO CONTACT SHOULD QUESTIONS ARISE: _____

I understand that this allowance is subject of Ken-Tool's conditions as outlined in their current advertising policy. I further understand that payment of my entitled allowance will be in the form of a credit memo against my purchases.

Signature _____

(Printed name)

BEFORE MAILING: BE SURE COPIES OF PAID MEDIA INVOICES AND TEAR SHEETS ARE ATTACHED.

KEN-TOOL • 768 E. North Street, Akron, Ohio 44305
Toll Free: 888-856-8665 • Fax: 800-872-4929 • Phone: 330-535-7177 • Fax: 330-535-1345
E-Mail: sales@kentool.com • www.kentool.com