



## 2016 REQUEST FOR ADVERTISING CO-OP REIMBURSEMENT

ATTN: Maserati Co-op Marketing  
***coopmarketing@maseratiusa.com***

**REIMBURSEMENT INSTRUCTIONS:**

- 1 • Complete all parts of this form and cc: dealer's designated RVP/RMM
- 2 • Submit all invoices

DEALERSHIP NAME

SUBMISSION DATE

DEALERSHIP REFERENCE CODE

DEALERSHIP PRIMARY CONTACT PERSON:

PRIMARY CONTACT E-MAIL

PRIMARY CONTACT TELEPHONE NUMBER

DEALERSHIP INFORMATION *address, city, state, zip*

### CAMPAIGN INFORMATION

	MEDIA CAMPAIGN DESCRIPTION	DATE(S)	COST (\$)	IMPRESSIONS
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

TOTAL MEDIA COST (\$)

TOTAL REFUND DUE (\$)  
50% of total media cost

\* All media invoices must be attached. Funds will be credited through your "parts account" at the end of the month in which this request was processed.