

Motorola On Hold Message

▶ Order Form (The 'Dealership Name' is the name that will appear in your message)

Dealership Name _____

Contact Name _____ Motorola# _____

Website _____ Email Address _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

▶ Pricing: \$650.00 per message

▶ Requested Format: MP3 WAV AIF

▶ Method of Delivery: CD mailed to address above Emailed to email address above

▶ Script:

Thank you for calling **XYZ Communications Services**. Our staff of communications professionals is currently assisting other clients, and will be with you shortly.

From initial planning and design to complex installation and regular maintenance, **XYZ Communications Services** offers total solutions to the wireless communication needs of first responders, government, education, and healthcare organizations, and private industries.

Our company carries a complete selection of quality wireless communication products, including Motorola and Radius two way radios, accessories and on-site paging systems. We are an authorized Motorola two way radio dealer and carry numerous other two way radios. We perform warranty repair service and complete system installations. Learn more about our products and services online at **XYZ Communications dot com**.

Our experienced team provides highly competitive wireless communication solutions through the application of innovative and proven advance technologies to support client goals.

XYZ Communications Services strives to provide the most cost effective and highly reliable wireless communication products and services attainable. We aim to help you achieve your wireless two-way radio communications goals while providing you with the greatest value both seen and unseen.

XYZ's experienced team of radio consultants and technicians always take the time to do things right. We do this by planning the entire development process from system design through installation, customer training and service. This enables us to better coordinate each job while providing a higher level of customer satisfaction.

When your organization calls for elite reliable mission critical wireless communications solutions, connect with **XYZ Communications Services**.

▶ 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 program, 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

stream
companies

www.StreamCompanies.com
255 Great Valley Parkway, Suite 150
Malvern, PA 19355

FAX THIS ORDER TO:
[Fax] **610-540-6433**

Your Account Executive:



Tiffanie Leos
Account Executive

[Voice] **610.644.8637 x247**
tiffanie@StreamCompanies.com

Call me TODAY
and ask about

co-op for
Motorola

Brochures

Pocket Folders

Sell Sheets

Logo Design

Advertising

Marketing

Printing

Web Design



REV 2/12/10



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 _____