

Motorola Pay-Per-Click Order Form



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

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

Order Form

Company Name _____
Contact Name _____ Motorola # _____
Website _____ Email Address _____
Address _____
City _____ State _____ Zip _____
Telephone _____ Fax _____

Your Account Executive:



Tiffanie Leos
Account Executive
[Voice] **610.644.8637 x247**
tiffanie@StreamCompanies.com

Pay-Per-Click

Monthly Budget:

35% Service Fee included. \$500 \$750 \$1,000 Higher, please indicate amount: \$ _____
 \$1,500 \$2,000

Yearly (please check this box if you would like your monthly budget to be applied for one year)

Specific Months (please check off desired months if you are not doing the yearly campaign)

- | | | | |
|-----------------------------------|--------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> April | <input type="checkbox"/> July | <input type="checkbox"/> October |
| <input type="checkbox"/> February | <input type="checkbox"/> May | <input type="checkbox"/> August | <input type="checkbox"/> November |
| <input type="checkbox"/> March | <input type="checkbox"/> June | <input type="checkbox"/> September | <input type="checkbox"/> December |

Keywords Please list 10 - 30 Keywords. (i.e. CP200, Motorola Dealer, your city name)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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 Trade One.

**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 _____