

# Motorola Baseball Poster Order Form

**Final Deadline to place an order is 3/12/10**

## Order Form

Dealership Name \_\_\_\_\_

Contact Name \_\_\_\_\_ Motorola# \_\_\_\_\_

Website \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Check if **email address** should print on mailer.  Check if you would like **samples shipped to you.**

Please include my company logo on mailer. (Please email your logo to [patty@streamcompanies.com](mailto:patty@streamcompanies.com))

## Motorola "Get in the Game" Baseball Poster

Team Schedule for Poster: \_\_\_\_\_

Please check quantity next to **POSTER ONLY PRICE** or **POSTER WITH MAILSHIP.**

**11x17** - 4 color Poster  
(folded to 5.5 x 8.5 for mailing)

**18x24** - 4 color Poster  
(folded to 6 x 9 for mailing)

**11x17 Poster Only Price (NO mailshop) (check one)**

**OR 11x17 Poster With Mailshop (check one)**

500 ..... \$950  750 ..... \$1,113

500 ..... \$1,238  750 .... \$1,557

1,000 ..... \$1,300

1,000 ..... \$1,875

**18x24 Poster Only Price (NO mailshop) (check one)**

**OR 18x24 Poster With Mailshop (check one)**

500 ..... \$1,050  750 ..... \$1,213

500 ..... \$1,388  750 .... \$1,707

1,000 ..... \$1,400

1,000 ..... \$2,025

For special requests, such as adding information that is currently not shown on the template, a charge of \$25 will be applied. Please call your account representative with any questions. \* Additional shipping fee will be applied for blank posters delivered to dealers. \*\*Please indicate physical address, shipments can not be made to a PO Box.

**List Services (complete only if you wish Stream to supply a prospect list for your mailing)** Stream Companies uses the finest publications lists in the industry to target the exact users of Motorola products.

Counties you wish to mail to: (please attach a sheet if more room is needed)

List Industries:

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

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## Agreement

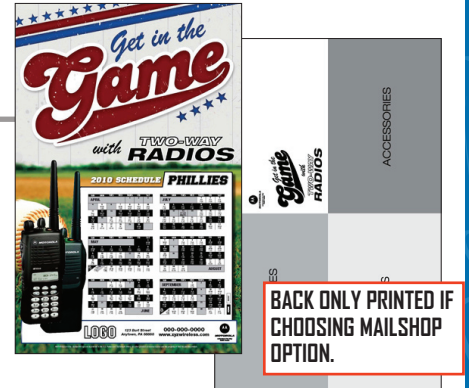
I agree to follow the guidelines set forth in the Motorola co-op program. I understand that the above direct mail program must be pre-approved for reimbursement. After completing the mailer your dealership will be reimbursed through Motorola, once appropriate documentation is sent. Stream Companies' 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.



**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](mailto:tiffanie@StreamCompanies.com)

**Call me TODAY**  
**and ask about**  
**co-op for Motorola**

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 \_\_\_\_\_