

Date: _____

Co-op Request Form

Advertiser ID#: _____ Contact Name: _____

Retailer Name: _____ Fax Number: _____

Phone: _____ E-mail: _____

Address: _____ Account Rep.: _____

Manufacturers

1 **Manufacturer/ Vendor Name:** _____

Product Name: _____

Manufacturer/Vendor #: _____

Supplier Contact Name: _____

Contact Phone #: _____

2 **Manufacturer/ Vendor Name:** _____

Product Name: _____

Manufacturer/Vendor #: _____

Supplier Contact Name: _____

Contact Phone #: _____

3 **Manufacturer/ Vendor Name:** _____

Product Name: _____

Manufacturer/Vendor #: _____

Supplier Contact Name: _____

Contact Phone #: _____

4 **Manufacturer/ Vendor Name:** _____

Product Name: _____

Manufacturer/Vendor #: _____

Supplier Contact Name: _____

Contact Phone #: _____

5 **Manufacturer/ Vendor Name:** _____

Product Name: _____

Manufacturer/Vendor #: _____

Supplier Contact Name: _____

Contact Phone #: _____

6 **Manufacturer/ Vendor Name:** _____

Product Name: _____

Manufacturer/Vendor #: _____

Supplier Contact Name: _____

Contact Phone #: _____