

# PRIOR APPROVAL RESPONSE FORM

DATE: \_\_\_\_\_

FROM: \_\_\_\_\_

\_\_\_\_\_

TO:

.....

Based on our co-op advertising specifications, the proposed ad content for

to be run on \_\_\_\_\_ at a total ad cost of \$\_\_\_\_\_

(Please check one)

**has been**  **APPROVED**

Manufacturer will reimburse \_\_\_\_\_ of ad cost.

Manufacturer's claim form required? Y or N

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**has been**  **DENIED**

Here are the changes needed for our approval:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please complete and fax to \_\_\_\_\_ as soon as possible.*