Day & Night
Heating & Cooling Products

2024 Dealer Co-op Fund Claim Form

Company Name: _____ Acct #: _____

Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Fax: _____ _____

Email: _____

Ferguson HVAC Territory Manager: _____

Submitted By: _____ Date: _____

Use of Co-Op Funds

- ❑ AdVantage Program
- ❑ Home Shows
- ❑ Logo'd Merchandise
- ❑ Other _____
- ❑ Store Signage
- ❑ Newspaper Ads
- ❑ Internet / Website
- ❑ Uniforms
- ❑ Other Ads
- ❑ Vehicle Signage

Describe the specific activity/item(s) for which you are requesting Co-Op fund reimbursement, as well as how this expenditure will help increase Day & Night product sales:

Date	Vendor Name & Invoice #	Cost

Attach all receipts or paid invoices and back-up (print outs, pictures, copies of ads, etc.) to this form.

Total _____

_____
Sales Manager Signature

Amount Requested from Co-op fund _____

_____
Director Signature

Amount credited _____

Credit Memo# _____

For Ferguson HVAC Use Only: Debit Memo# _____

FERGUSON HVAC