

Vertex Standard Catalog Order Form

Order Form (items marked with "*" will print on catalog)

*Dealership Name _____

Contact Name _____ Vertex Standard# _____

*Website _____ Email Address _____

*Address _____

*City _____ *State _____ *Zip _____

*Telephone _____ Fax _____

Please email company profile to patty@streamcompanies.com

Please include my company logo. (Please email your logo to patty@streamcompanies.com)

Check the Catalog you wish to buy :

Vertex Standard Catalogs:

- Radio Tower - Product Photos
 Radio Tower - Industry Photos

- American Flag
 Green Glow

Orange Glow

American Flag Catalog Sample



Green Glow Catalog Sample



Orange Glow Catalog Sample



Radio Tower - Product Photos Catalog Sample



Radio Tower - Industry Photos Catalog Sample



Please check next to Catalog quantity. All Catalogs are folded to a finished size of 5.5 x 8.5.

Prices include use of your company logo and printing.

8 Page Catalog Prices - check one

- 500 ... \$2,885 2,000 ... \$3,350
 1,000 ... \$2,995 2,500 ... \$3,350
 1,500 ... \$3,150 5,000 ... \$4,150

12 Page Catalog Prices - check one

- 500 ... \$3,185 2,000 ... \$3,809
 1,000 ... \$3,295 2,500 ... \$4,065.75
 1,500 ... \$3,552.25 5,000 ... \$5,297.50

16 Page Catalog Prices - check one

- 500 ... \$3,839 2,000 ... \$4,579.25
 1,000 ... \$3,939 2,500 ... \$4,894.50
 1,500 ... \$4,257.50 5,000 ... \$6,422

20 Page Catalog Prices - check one

- 500 ... \$4,295 2,000 ... \$5,475
 1,000 ... \$4,725 2,500 ... \$5,905
 1,500 ... \$5,095 5,000 ... \$8,095

For special requests, such as adding information that is currently not shown on the template, please contact your Account Executive for additional charges. **Please indicate physical address, shipments can not be made to a PO Box.

Agreement

I agree to follow the guidelines set forth in the Vertex Standard co-op program. I understand that the above program must be pre-approved for reimbursement. After completing the Catalog, your dealership will be reimbursed through Vertex Standard, 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

Call me TODAY
and ask about
co-op for
Vertex Standard
Pocket Folders
Sell Sheets
Marketing
Printing
Web Design

REV 8/10/10

www.StreamCompanies.com



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: _____

Vertex Standard Dealership Number: _____ (should be 5 digits)

Authorized Dealer Rep: _____ (print name here, sign below)

Vendor/Activity Information:

In order for TradeOne Marketing to be authorized to reserve funds and dispense payment from your Vertex Standard co-op funds, please fill out the following information. Please specify the maximum amount of funds you are authorizing for this order. If sufficient funds are available at the time of this request, TradeOne will reserve the below indicated amount for payment directly to vendor when the activity is completed/invoiced.

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 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. Vertex Standard reserves the right to void any claims that do not comply with the terms and condition of the co-op program policy
- B. **Prior approval is required for all activities** unless expressly stated otherwise by Vertex Standard
- 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 co-op funds not yet earned will not be allowed**

Dealership Authorized Signature: _____ Title: _____