

GSI CO-OP ADVERTISING CLAIM FORM

Dealer Name: _____ Address: _____
Dealer Number: _____
Email: _____
Phone: _____ City, State, Zip: _____
Media Type: _____

MEDIA/PUBLICATION NAME	DATE OF AD	INVOICE TOTAL	CO-OP REIMBURSEMENT

TOTAL REIMBURSEMENT: _____

SUBMIT CLAIM FORM AND APPROPRIATE DOCUMENTATION TO:

coop@gsiag.com OR
GSI Coop Department
1004 E. Illinois St.
Assumption, IL 62510

