# GSI CO-OP ADVERTISING CLAIM FORM

Dealer Name: _____

Dealer Number: _____

Email: _____

Phone: _____

Media Type: _____

Address: _____

_____

_____

_____

City, State, Zip: _____

| MEDIA/PUBLICATION NAME | DATE OF AD | INVOICE TOTAL | CO-OP REIMBURSEMENT |
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**TOTAL REIMBURSEMENT:** $ 0.00

**SUBMIT CLAIM FORM AND APPROPRIATE DOCUMENTATION TO:**

coop@gsiag.com OR
GSI Co-op Department
9575 N. 109th Ave.
Omaha, NE 68142

GSI

AGCO
Your Agriculture Company