



GAF Contractor Business Development Program Co-Op Marketing Reimbursement Form

Contractor Business Development Program

What it is:	A promotional program to give an added incentive to your contractors to use and promote GAF products
Purpose:	<ul style="list-style-type: none"> • Provide rewards to incentivize contractors to purchase GAF roofing products • Provide an incentive to entice contractors to try products they may not have used before
Cost:	<p>GAF pays the contractor 50% of the qualifying program total cost up to co-op amounts earned and applicable caps under the GAF Contractor Business Development Agreement.</p> <p>For every \$1 spent in approved marketing expenditures, GAF shall contribute an additional \$1 up to a \$5,000 maximum during the initial 12 month program cycle.</p>
How to Get Started:	Complete the Reimbursement Form below. Once processed, a check will be sent to the contractor.

How to get your contractor reimbursed:

- 1. Fill Out...** All form information
- 2. Scan...** Original invoices, photos and/or ad copies (when using local ads) of the promotional piece. (Note: All invoices must be dated within the 12 month agreement period.)
- 3. TMs...** Send scanned documents and form to your RSM for approval
- 4. RSMs...** After approving, please submit to CCP Marketing and copy your AVP. Please be sure to include all attachments in one email, including the completed Co-Op Marketing Reimbursement Form.

Total Amount of Reimbursement: \$ _____

Please check marketing type used:

- | | |
|--|--|
| <input type="checkbox"/> Lawn Signs | <input type="checkbox"/> Print Advertising |
| <input type="checkbox"/> Billboard | <input type="checkbox"/> Door Knob Hangers |
| <input type="checkbox"/> TV and Radio Spots | <input type="checkbox"/> Business Cards |
| <input type="checkbox"/> Other (Specify Type): _____ | |



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Contractor Business Development Program

GAF TM Information:

TM Name: _____

GAF Territory # _____ Phone _____

Contractor Information:

Company Name _____

Address _____

City _____ State _____ Zip Code _____

Contractor ID (Mandatory) _____ Phone _____

Marketing Program Information (attach ad copy with receipts):

Start Date _____ End Date _____

Description _____

Truck Wrap Being Exchanged for \$2,000 Co-Op? Yes / No

Website Being Exchanged for \$500 Co-Op? Yes / No

Reimbursement Information:

Total Price For Marketing Program = _____ / 2 = _____ Due*

*Amount due equals 50% of total price paid for program up to co-op amounts earned and applicable caps under the Contractor Business Development Program Agreement.

See Contractor Business Development Program Agreement for full details and restrictions. Claims that do not comply with these terms will be rejected. Note: Previous Co-Op disbursement will be deducted from net total reimbursement.

TM Name _____ TM Signature _____

RSM Name _____ RSM Signature _____