## Ameren Missouri Heating and Cooling Program

## Co-Op Marketing Program

## **Claims Form**

Please indicate where you would like us to mail your Co-O	p Marketing program reimburseme	nt check.
Company Name:		
Contact Name:		
Street Address:		
City:		
Phone:	Fax:	
Email:		
Matching funds requested: \$(50% of total cost, up to \$2,500 maximum per funding perio		r up to \$1.500 maximum per funding period for all
other marketing)		
I acknowledge and agree that requesting and/or receiving conf I will receive co-op advertising funds, and that all other condition receive reimbursement.		
Authorized Company Representative:		
Title:		
Date:		
Signature:		

Please complete this form and submit it at partneroitresources.com/coop

Some restrictions may apply. Visit AmerenMissouriSavings.com/HVAC for full program details.

