

Ameren Missouri Heating and Cooling Program

Co-Op Marketing Program

Claims Form

Please indicate where you would like us to mail your Co-Op Marketing program reimbursement check.

Company Name: _____

Contact Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Email: _____

Matching funds requested: \$ _____

(50% of total cost, up to \$2,500 maximum per funding period for television and radio advertising or up to \$1,500 maximum per funding period for all other marketing)

I acknowledge and agree that requesting and/or receiving confirmation that funds have been reserved for my planned advertising does not guarantee that I will receive co-op advertising funds, and that all other conditions must be met with respect to acceptable run dates and verification documentation to 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.

