

Manufacturer Co-op Authorization Form

Please complete as much as you can, this will speed up the filing process.

Store Name: _____ Member # _____

Multi-Store(s): _____ Member #(s) _____

Manufacturer: _____

Representative Name: _____

Representative Address: _____

Representative Phone #: _____

Representative Email: _____

Co-op Policy (If known): _____

Funds Available (If known): _____

Other Information: _____

Customer # _____

Manufacturer Website _____

I authorize JW Specialties, LTD to review co-op information on the above manufacturer and file claims on behalf of our store listed. By signing below I give Full Authorization.

Authorized By: _____

Signature: _____ Date: _____

Email: _____

Address: _____ Best Phone #: _____

Please Submit Form ASAP if you would like us to file co-op for you. You can also print and fax this form to: 260-627-3147. Thanks!

