



HAT APPAREL CO-OP REIMBURSEMENT FORM

DEALERSHIP ACCOUNT #: _____

DEALERSHIP NAME : _____

DEALERSHIP UPS SHIPPING ADDRESS: _____

APPAREL INVOICED AMOUNT: _____

50% CO-OP CREDIT REQUESTED REIMBURSEMENT: \$ _____

**** SUBMIT THIS FORM WITH A COPY OF RHINO INVOICE FOR HAT APPAREL CREDIT RE-IMBURSEMENT. ALAMO GROUP HAT APPAREL INVOICE MUST BE PAID IN FULL BEFORE CO-OP CREDIT REIMBURSEMENT ISSUED. ****

*Mail or E-Mail Completed Form To:
Alamo Group (IL)
Attn: Debbie Williams
1020 S. Sangamon Ave
Gibson City, IL 60936
dwilliams@rhinoag.com*

The company reserves the right to change
or cancel this program at any time.
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