



## SHOWROOM DISPLAY CLAIM FORM

Dealer \_\_\_\_\_

Store Address \_\_\_\_\_  
(where product is displayed)

Phone \_\_\_\_\_  
(where product is displayed)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dealer Contact Name \_\_\_\_\_

E-mail Address \_\_\_\_\_

Model Name & Code	Installation Date	Product Serial Number	Cost	Claim Amount
All fields required.			Total Claim	

In-Store Displays are reimbursed at the following percentages:

- 50% static display built-in
- 25 % static display stove
- 20 % static display not built-in
- 100% burning display credit

Retain this form for your records. Email a copy to :

anastasia@supremem.com