## KutolPro Logo.jpg

## Kutol Pro Try & Buy Promotion Planning & Reimbursement Form

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Distributor/Installer Information | | | | | | | | | | | | | | | | | | | |
| Distributor Name: | |  | | | | | | | | | | | | | | |  | | |
| Contact Name: | |  | | | | | | | | Installer Name: | | |  | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | | |
| Promotion Dates: | | through | | | | | | | | (90 days max, unless pre-authorized by Kutol) | | | | | | | | | |
| Kutol Sales Rep: | |  | | | | | | Rep. Company Name: | | | |  | | | | | | | |
| Proposed Sales Meeting Date: | | |  | # of DSR’s: | | |  | Samples/Literature Ordered: Yes  No | | | | | | | | | | Date: |  |
|  | | | | | | | | | | | | | | | | | | | |
| Targeted End Users | | | | | | | | | | | | | | | | | | | |
| End User Name: | | | | | | | | | Kit Item #: | | | | | | No. of Kits: | | | | |
|  | | | | | | | | |  | | | | | |  | | | | |
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|  | | | | | | | | | Total: | | | | | |  | | | | |
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| KUTOL SIGNATURE FOR PROMOTION APPROVAL | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | |
| Kutol Signature | | | | | | | | Date | | | | | | | | | | | |
| **HANGING ALLOWANCE REIMBURSEMENT** | | | | | | | | | | | | | | | | | | | |
| Kutol will pay $12.00 per Kutol Pro DuraView 2 liter Kit (16DV2, 23DV2, 45DV2, 47DV2, 49DV2, 52DV2 & 77Dv2). Limit 2 per End User.  **At the conclusion of the promotion, submit this form and copy of the invoice from Distributor to the End User as Proof of Delivery (POD) to Kutol within 30 days from promo expiration date for credit memo. POD must accompany this form.** | | | | | | | | | | | | | | | | | | | |
| Total # of Kits: |  | | | | X | $ 12.00 | | | | | Total Amount to be Paid: | | | |  | | | | |
|  | | | | | | | |  | | | | | | | | | | | |
| Rep. Signature (for Credit Memo approval) | | | | | | | | Date | | | | | | | | | | | |
| **FOR INTERNAL USE** | | | | | | | | | | | | | | | | | | | |
| Approved for payment at Kutol by: | | | |  | | | | | | | | | | Date | |  | | | |