

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: _____

If this is a blanket authorization, check here: Initials _____

Co-op Policy (If known): _____

Website policy can be accessed: _____

Log-in information - username: _____ password: _____

Funds Available (If known): _____

Other Information Needed: _____

Customer # (if available): _____

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 #: _____
