



## 2017 Co-Op Advertising Pre-Approval Form

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Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Name of Apex  
Distributor (if applicable): \_\_\_\_\_

Customer #: \_\_\_\_\_

Company Contact: \_\_\_\_\_

Company Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

The Advertisement features the following Apex products:

Apex® Footwear

The total cost of advertisement is \$\_\_\_\_\_.  
*(Please enclose invoices)*

The advertisement will appear in the \_\_\_\_\_  
*(Publication/Newspaper)*

on \_\_\_\_\_  
*(List all dates)*