

DISPLAY CLAIM FORM

Product(s) Real-Fyre Fire Magic AOG Direct Vent American Fyre Design

Date Submitted

Distributor Information

Company:

Address:

City State Zip

Phone: Contact:

Dealer Information

Store Name:

Address

City State Zip

Phone: Contact:

Product Information

	Part Number	Description	Qty	Cost	Total Cost	Deduction	Display %	Credit Due	*Reserved Notes
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Comments or special instructions:

TOTAL:

I certify that the above accurately describes the **NEW** product(s) on display at the above listed store, and that the attached image(s) is a true depiction of that display.

Installation Date

Authorized Dealer Signature

Date

Authorized Distributor Signature

Date

*Submit claim form with photograph for each display. Real-Fyre claims require a photo showing burning display.

ALL FIELDS ON THIS FORM MUST BE COMPLETED TO PROCESS YOUR CLAIM. TWO (2) SIGNATURES ARE REQUIRED. INCOMPLETE FORMS WILL BE RETURNED.

Mail to: R.H. Peterson Co./Display Claims, 14724 E. Proctor Ave., City of Industry, CA 91746 or Email: mktg@rhpeterson.com