



Cooper Medallion Reactivation Request Form

Please PRINT and complete this form in order to request a Dealer be reactivated into the Medallion program. Submit form to HQ@CooperMedallion.com or Fax to 314-592-4112. **All fields are required and must be completed before the form is processed.**

New Distributor Information:

Cooper Territory Manager: _____

Distributor Name and Location: _____ Distributor # _____

Distributor Contact Name: _____ Phone #: _____

Distributor Email address: _____

Cooper Medallion Dealer Information: (print legibly):

Contract Level: Gold _____ Platinum _____ Diamond _____ Emerald _____

*Federal TIN # _____ OR *Social Security # _____

*Dealer Name: _____

*Dealer Principal Name: _____

*Debit Card Recipient Name: _____

*Dealer Store Address: _____

*City: _____ *State: _____ *Zip Code: _____

*County: _____

*Physical Mailing Address (preferred address): _____

*City: _____ *State: _____ *Zip Code: _____

*County: _____

*Email Address: _____

Website Address: _____

*Dealer Phone: _____ Dealer Fax: _____

The undersigned dealer hereby makes application for enrollment in Cooper's Medallion Program (Program), pursuant to the Program's Terms and Conditions, a copy of which is attached hereto. Dealer acknowledged that is has read, understands and agrees to abide by the Program's Terms and Conditions. Dealer understands and agrees that is will not be a participant in the Program until all approvals are provided. Dealer's continued participation in the Program shall be in accordance with the Terms and Conditions of the Program.

Acknowledged and Agreed to:

Dealer Signature: _____ Title: _____ Date: _____