
DATE

SPIFF NUMBER [to be assigned by Claridge]

DEALER NAME

REGISTRANT NAME [FIRST, LAST]

E-MAIL ADDRESS

MAILING ADDRESS [STREET OR P.O. BOX]

[CITY, STATE, ZIP CODE]

PHONE

FAX NUMBER

Please fax or e-mail this registration marked "SPIFF".

Fax: 870-743-1908

E-Mail: spiff@claridgeproducts.com

For questions or additional information, contact Rachel Coffman at rcoffman@claridgeproducts.com

SPIFF RULES

NOTE: SPIFF offer cannot run tandem with other contractual agreements— GSA, State Contracts, etc.

SPIFF APPLIES TO DISCOUNTS UP TO 50/20 OFF CURRENT LIST PRICES
(standard Ideal buying group discounting accepted)

1. SPIFF registrant fills out registration form and returns to Claridge.
(Note: Registration is required only once.)
2. Claridge assigns SPIFF identification number and e-mails to registrant.
3. Each PO submitted to Claridge must have the SPIFF ID number clearly noted on PO.
4. SPIFF will be paid—directly to registrant. Payments will be processed by the 15th of the following month.

5. Retroactive payments prior to the month of initial registration will not be made.
6. 5% SPIFF back to the SPIFF registrant based on NET sales (less freight and any other special handling charges).
7. SPIFF registrant is responsible for all applicable state or federal income taxes. W9 form required with registration. Download W9 at www.irs.gov/pub/irs-pdf/fw9.pdf.

NOTE: If registrant or sales rep needs to add an ID number to an existing, qualifying order, the request should be directed to the appropriate sales support contact at Claridge.