



spiff registration form and terms

To qualify

- Complete and fax (775.331.9060) or email (accounting@viaseating.com) this one-time registration form. Completed form must be on file at via seating.
- SPIFFS are ONLY paid via direct deposit / ACH see page 2
- Pricing must be from the most current commercial price list at time of order.
- Purchase order must be clearly marked "SPIFF Dealer sales person's name".
- If spiff is requested on a P.O. after the P.O. has been presented, it must be done within 30 days of the order shipment. via seating cannot process the spiff on a P.O. after that time.
- Must be an individual; spiffs not paid to dealerships.

Note

- Taxes on spiff payments are the recipient's responsibility.
- The dealer's account must be current with via seating in order to qualify for spiff program.
- via seating reserves the right to make adjustments for spiff corrections, errors and ommissions. X Individual/Sole Proprietor

Name		
Home Address: City, State, Zip		
Home Telephone	Personal Email	
Dealership Name	via seating Rep Name	

Part I Taxpayer Identification Number (TIN)

Enter your TIN number in the appropriate box. The TIN provided must match the name given above to avoid backup withholding. For individuals, this is your social security number (SSN).

Social Security Number

Part II Certification

Under penalties or perjury, I certify that:

- 1. The number shown on this form is my correct Taxpayer Identification Number (TIN) (or I am waiting for a number to be issued to me), and
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- 3. I am a U.S. person (including a U.S. resident)

Certification Instructions You must cross out item 2 above if you have been notified by the IRS that you are currently ٧,



Direct Deposit Authorization Form

Bank Address	Bank City, State & Zip Routing & Transit No.	
Bank City, State & Zip Routing & Transit No. Account No. ATTACH VOIDED CHECK HERE	Routing & Transit No.	Account No.
ATTACH VOIDED CHECK HERE		
	ATTACH VOIDE	D CHECK HERE
	ATTACH VOIDE	D CHECK HERE
e VIA Inc. and its Agents, including Financial Institutions, to initiate electronic credit entries / nayments		
cessary, debit entries and adjustments for any credit entries in error to my checking and/or savings accounts ove. This authorization will remain in effect until I have informed VIA, Inc. in writing I wish to cancel A, Inc. has reasonable time to effect such cancellation.	cessary, debit entries and adjustments for any credit er ove. This authorization will remain in effect until I have	tries in error to my checking and/or savings accounts