Foster

Plumbing Spiff Program

_____
Date of Claim

All spiff claims must be submitted by email to accounting@foster-us.com

1. Requested by (* The spiff claim will not be processed if the section is incomplete)

Salesperson | Dealer | Email

Address (City, State, Zip Code) | Telephone

2. Spiff Values

Item Sold	Spiff Values
HappyHour or Bernini Sink	$50
Leonardo Sink	$25
Armored Sink	$25
Canova Sink	$25
Michelangelo Sink	$25
KE Sink	$15
Phantom Base	$15
PVD Color Sinks	$45
Faucets	$10
Accessories	$5

3. Spiff claim (A copy of the customer's original invoice(s) must be included with the spiff claim form)

SKU #	PO or Invoice #	Quantity	Spiff ($)	Total ($)

4. Terms and Conditions

Spiffs will not be paid if the form is incomplete or improperly filled out. Program offered to authorized dealers in good standing only. Claims are paid once a month to the contact information on form. 90 days after delivery, the spiff claim will be invalid. A copy of the customer's original invoices must be included with the spiff claim form. No spiff claim will be paid if product is proven to be sold below UMRP pricing. W-9 must be completed and on file with Foster administration to process payments and approve the spiff claim.

5. Signature

Salesperson | Date