



2235 E Rose Garden Loop T 866.395.8377
Phoenix, AZ 85024 F 800.211.6444

www.linkasink.com

LINKASINK SPIFF CLAIM FORM

- 1 Please fill the form out in full. Forms not fully filled out or filled out with incorrect information will not be processed.
- 2 Drains, grates, panels, countertops, display orders, and personal-use orders are not eligible for spiff payment.
- 3 Spiff will only be paid to the **employee** making the sale, and mailed to their residence.
- 4 Spiff will be paid to the employee **after** the invoice has been paid in full.
- 5 Claims are paid once a month, and must be received by the end of the month for processing the following month.
- 6 Spiff claims must be submitted within 6 months from the date of Linkasink's invoice to qualify.
- 7 If a spiff gets paid on a sink that later gets returned, the spiff will be deducted from the next spiff claim sent.
- 8 Linkasink reserves the right to alter or discontinue the Spiff program at any time.

Today's Date: _____

Sales Person: _____ Showroom Phone #: _____

Mailing Address: _____

(Personal mailing address,
not showroom)

Showroom Name: _____

Email Address: _____

Item #	Qty	Linkasink Invoice # or Showroom PO #	Linkasink List Price	Spiff Total

List Price	Spiff
Builder's Series (BLD Prefix)	\$ 20.00
Concrete (AC Prefix)	\$ 20.00
450 - 750	\$ 20.00
751 - 1000	\$ 25.00
1001 - 1500	\$ 30.00
1501 - 2000	\$ 40.00
2001 - 3500	\$ 50.00
3501 - 5000	\$ 75.00
5001 +	\$ 100.00
Countertops, Hardware, Drains, Grates, Panels, Displays, Personal Use	\$ 0.00

SEND SPIFF REQUESTS TO:

Email: spiffs@linkasink.com

Fax: 800-211-6444 (toll free)

Fax: 602-971-2668 (local)

Please only send the completed
spiff claim form (additional
paperwork is unnecessary).