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PROMOTIONAL SALES INCENTIVE PROGRAM & CLAIM FORM

Program Dates: 1/1/26 through 3/31/26

**PAYABLE TO:**

Showroom:	
Name:	
SSN#:	
Street	
Address:	
City:	
State:	Zip:
Tel:	

#### INCENTIVE AMOUNTS PER UNIT

SLi1000  
SLi3000  
SLi4000  
SLi1010  
SLI5400  
SLI4500

Note:	A copy of the customer sales invoice & PO to StudioLux must be attached
	All claims must be submitted no later than 4/15/26 to qualify for pay out
	Incomplete forms will be returned
	Product being claimed must be paid in full prior to submitting spiff claims

- \*minimum spiff submittal for pay out is \$100.00 \*
- \* NOTE - Quoted projects and / or reduced discounted product are not eligible
- \* Note - Spiff check will be mailed to the address you provide above. All checks are subject to a 10% handling fee.
- \* Note - Products claimed must be paid in full and Dealers account must be current.

\* When complete, please email all forms to: [order@studioluxcorp.com](mailto:order@studioluxcorp.com)

\* Incomplete Spiff Forms will be rejected and not paid \*\*\*

