

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 "SP	
Fax: 870-743-1908	
E-Mail: spiff@claridgeproducts.com	
For questions or additional information, contact	Natasha Garner at ngarner@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 Indeal, Connexions, and Consoll 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.
- 10% SPIFF (through promo period ending 12/31/20) 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.

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