



4th Quarter 2015 Flexitec Retail Web Leads - Cash For Cuts Spiff Claim Form

Qualifying Products: Essential, Premier & Ultimate - \$1.00 per square yard

Qualifying Dates: Invoices Dated October 15 - December 31, 2015

Bolick Sales Rep: _____

Account Name & #: _____

Retail Sales Person/SSN: _____

Street Address: _____

City, State Zip: _____

Minimum Requirement: A \$50.00 minimum is required for a check to be issued. Any claim less than \$50.00, will be paid in the form of a credit to the dealer's account.

Terms & Conditions: Invoices must be paid for spiff to be paid.

Bolick Invoice # & Date	Product	Square Yards		Spiff Amount		Total
			x	\$1.00	=	\$
			x	\$1.00	=	\$
			x	\$1.00	=	\$
			x	\$1.00	=	\$
			x	\$1.00	=	\$
			x	\$1.00	=	\$
			x	\$1.00	=	\$
			x	\$1.00	=	\$
			x	\$1.00	=	\$
			x	\$1.00	=	\$
			x	\$1.00	=	\$
			x	\$1.00	=	\$
			x	\$1.00	=	\$
			x	\$1.00	=	\$
				Total:		\$

Supporting invoices must accompany this form. Please allow 2-3 weeks for processing.
Send completed form by February 1, 2016