



Sitmatic \$piff Program – Enrollment Form

For every Sitmatic chair you sell, at standard dealer discount, you get **\$10**.
Exception: **\$5** for every chair sold in the Easy™ series.

**** Note: Must identify salesperson name on purchase order for spiff to be paid. ****

Instructions: Fill out and return this form via fax to (800) 507-1492 or email to Spiff@sitmatic.com.

- ☐ Salesperson: You must also have a Dealer Principal fill out one of these enrollment forms or sign this form.
☐ Dealer Principal: I authorize our salesperson to participate in the Sitmatic High Road Incentive Program.

Print Name

Title

Your Email Address

Dealership Name

Address of Dealership

City, State and Zip

Phone Number

Fax Number

Social Security Number (Mandatory for 1099 Reporting)

Signature

Date

Please Print Name of Authorizing Dealer Principal

Dealer Principal Signature

Date

The Fine Print: You must have your Dealership's permission to enroll in Sitmatic's \$piff Program to receive your Sitmatic \$piff check. You must be employed by your dealership at the end of a quarter to qualify for your quarterly Sitmatic \$piff earnings. Only standard discount orders are eligible. Accounts aged over 60 days will result in product not shipping and spiff checks being held. Your participation becomes effective when Sitmatic receives a completed enrollment form signed by a dealer principal. Spiff will not be paid retroactively for orders prior to receipt of the enrollment form. In the event that any questions or conflict should arise over the interpretation of the rules, resolution shall be made solely by Sitmatic. Sitmatic may change the terms and conditions of this program without notice. Spiff checks are distributed during the month following the calendar quarter the product is shipped.

Office Use:	Rep:	Act:
	CustNo:	List: