



2011 Grill Sales Spiff Claim Form

Sales Person _____ Contact Phone # _____
Address _____ City/State/Zip _____
Email _____ Dealer Name _____

Grill Model Numbers

Serial Numbers

1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____
11	_____	_____
12	_____	_____
13	_____	_____
14	_____	_____
15	_____	_____
16	_____	_____
17	_____	_____
18	_____	_____
19	_____	_____
20	_____	_____
21	_____	_____
22	_____	_____
23	_____	_____
24	_____	_____
25	_____	_____
26	_____	_____
27	_____	_____
28	_____	_____
29	_____	_____
30	_____	_____

Total Grills Sold _____ X \$25.00 Each = Total Spiffs Due \$ _____

I state that this report is true and accurate: Sales Person Signature _____

Program Requirements:

Dealer's account must remain current. Claims will be processed after Labor Day 2011. Attach legible, complete sales receipts to this form and submit no sooner than Labor Day, 2011 to us. Please allow 3 weeks for processing. A check will be mailed to the address shown above.

The deadline for us to RECEIVE these completed forms is 9.23.2011