



DEALER SPIFF CLAIM FORM

(Period: May 1st to Aug 31st 2011)

Date of Claim ____/____/____

Dealer Information

Dealer Name _____	(Distributor Name _____)
Address _____	Phone _____
City _____ State _____	Zip _____ Fax _____

Sales Person Information

Sales Person's Full Name _____	_____
(First)	(Last)

Product Information

Model _____	# of Doors _____	Serial No. _____ - _____ - _____	Date Sold ____/____/____
Model _____	# of Doors _____	Serial No. _____ - _____ - _____	Date Sold ____/____/____
Model _____	# of Doors _____	Serial No. _____ - _____ - _____	Date Sold ____/____/____
Model _____	# of Doors _____	Serial No. _____ - _____ - _____	Date Sold ____/____/____
Model _____	# of Doors _____	Serial No. _____ - _____ - _____	Date Sold ____/____/____
Model _____	# of Doors _____	Serial No. _____ - _____ - _____	Date Sold ____/____/____
Total Number of Doors _____			

Claim Amount Calculation

Total Number of Doors _____	X \$40.00	= \$ _____	Dollars
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[How to Claim Spiff]

1. Fill out this "Dealer Spiff Claim Form" completely when you make sales. Your claim will be denied if any information above is missing or incorrect.
2. Fax the form to your Everest's Distributor with copy of the sales invoice within 1 week from the date of product sales.
3. Distributor will issue spiff check under the sales person's name.

[Notes]

1. This program is valid from May 1st to Aug 31st 2011.
2. All Everest's current product models are eligible for this program.