

Type of Credit: \$500/unit Promotional Spiff for PBF Models: 4.0, 5.0, and 15.0

Job Number:

Job Name:

Customer Name:

Rep Name:

Spiff Amount:

(Salespeople with combined Spiff amounts exceeding \$600 per year will receive a 1099 form)

INFORMATION

Dealer Name:

Spiff Recipient/Company Name:

W-9 On File?

Yes ☐

No ☐

Spiff Mail-To Address:

Spiff Start Date:

6/1/2026

Spiff End Date:

12/31/2026

P.O. Date:

Spiff Description:

Promotional Spiff For PBF Models: 4.0, 5.0, And 15.0

Notes:

Not Valid For Discounted Pricing Beyond 50/5 Discount.
Offer Valid While Supplies Last.

SPIFF APPROVAL

Salesperson Signature: _____

Date: _____

Dealer / Owner Approval: _____

Date: _____

Everidge Approval: _____

Date: _____