

# NRF Distributors, Inc.



## Visa Debit Card Authorization Form

Store Name: \_\_\_\_\_ Store Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Store Phone Number: \_\_\_\_\_

**Please indicate below the store personnel authorized to submit spiff redemption forms in order to receive SPIFF payouts via NRF Visa Debit Card Program.**

| Employee Name | Email Address |
|---------------|---------------|
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I hereby authorize NRF Distributors, Inc. to pay any qualifying spiffs via prepaid debit card and distribute to the authorized personnel listed above. All disbursements related to this program may be subject to I.R.S Form 1099. Please note that NRF requires that the store owner complete a new Authorization Form each year in order for us to maintain accurate records. A copy of retail employee W-9 must be on file or submitted before payment can be processed. Please allow 2-4 weeks for processing.

To follow NRF policy and procedure regarding fund programs, rebate will be paid when invoice(s) are paid in full and account is in good standing. If an order is returned, NRF reserves the right to bill back any SPIFFs. By signing this form you agree to the terms and conditions set forth therein. Always consult with your accountant regarding SPIFF disbursements and their effect on your business.

Owner Name(*Print*): \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit completed forms to NRF's Finance Department Attention: Donna Trask**  
 Fax: 815-366-7578      Email: NRFPromo@nrfdist.com      Phone: 207-430-2860  
 NRF Distributors, Inc.      P.O. Box 2467, Augusta, ME 04338