

NRF Distributors, Inc.



Visa Debit Card Authorization Form

Company Name: _____ Account Code: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Store Phone Number: _____

Please indicate below the store personnel authorized to receive SPIFF payouts via NRF Visa Debit Card Program

Employee Name	Email Address	%

Total

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. 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