

NRF

Distributors Inc.



VISA DEBIT CARD REDEMPTION FORM

Store Name: _____ Account Code: _____

Employee Name: _____

Email Address: _____

SUBMIT TO: Donna Trask

Email: NRFPromo@nrfdist.com

Fax: 815-366-7578 • Call: 207-430-2860

Mail To: P.O. Box 2467, Augusta, ME 04338

PRODUCT	SIZE/QUANTITY	DATE

Employee Signature: _____

To follow NRF policy and procedure regarding NRF Funds Programs, spiff may be redeemed when invoice(s) is paid in full and account is considered to be in good standing.

If order is returned, NRF reserves the right to bill back any SPIFFs. All disbursements related to this program may be subject to I.R.S. Form 1099.

AP USE ONLY	Date Received:	Initials:	Date Processed:	Initials: