

NRF Distributors Inc.



VISA DEBIT CARD AUTHORIZATION FORM

Company Name: _____ Customer 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:	
Make Card Payable to:	
Employee Email Address:	
Employee Name:	
Make Card Payable to:	
Employee Email Address:	

Employee Name:	
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Employee Email Address:	

I hereby authorize NRF Distributors, Inc. to pay any qualifying spiffs via debit card(s) 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 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: REGINA CORSON

Fax: 815-366-7578 • Email: NRFPromo@nrfdist.com • Phone: 207-430-2860

NRF DISTRIBUTORS INC | P.O. Box 2467, Augusta, ME 04338