

# NRF

## Distributors Inc.



### VISA DEBIT CARD REDEMPTION FORM

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

Employee Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

**SUBMIT TO: REGINA CORSON**

Email: [NRFPromo@nrfdist.com](mailto:NRFPromo@nrfdist.com)

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

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

| PRODUCT | SIZE/QUANTITY | DATE |
|---------|---------------|------|
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**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.

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|--------------------|----------------|-----------|-----------------|-----------|
| <b>AP USE ONLY</b> | Date Received: | Initials: | Date Processed: | Initials: |
|                    |                |           |                 |           |