

SPIFF Registration Form

Please submit by Fax to 231.861.6678 or electronically with the email sales@mediatechnologies.com

Please Fill Out **COMPLETELY** and **LEGIBLY** and have an authorized representative sign and date form below.

Spiff Recipient's Information:

Your Full Legal Name: _____

Dealership's or Sales Representative's name: _____

Dealership's or Sales Representative's address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ ext. _____ Fax: _____

Email Address: _____

Your Home Address: _____

City: _____ State: _____ Zip: _____

Other Information:

PO#'(s) or Project Name: _____

Comments: _____

Terms and Conditions of the SPIFF Program

Participant must be an authorized dealer sales representative or an independent sales representative for mediatechnologies® products, 18 years or older, and a resident of the United States. Dealership accounts must be current with mediatechnologies® to receive timely payments. Products must be sold at mediatechnologies® standard discount applied to mediatechnologies® current price list. This form must be received 30 days prior to the order ship date. SPIFF's are paid within 30 days after Silver Street, Inc. receives payment in full on the invoices for orders. Program is non-exclusive and may be terminated at any time without notice. No liability for unfilled or rejected orders. **Taxes are the sole responsibility of the participants.** Upon submitting a completed and valid SPIFF Registration Form, you will receive a letter from our office to confirm your registration.

The undersigned authorized representative has read and understands the Terms and Conditions of the Spiff Program and agrees to the Terms and Conditions as written.

Dated: _____

Authorized Representative: _____