

Groupe Lacasse Rewards Program Enrollment - United States Form

RULES & REGULATIONS:

- Enrollment must be submitted to U.S. Sales Administrator via email at spiff@groupelacasse.com.
- Dealership principal and/or sales manager must authorize salesperson's participation in Groupe Lacasse's spiff program. Information required on the enrollment form will be used to validate participant's information at time of submitting spiff. All claims must be submitted at spiff@groupelacasse.com. Information required on spiff submittal is as follows: Salesperson's name and the order acknowledgment number to be in body of email submitted to spiff@groupelacasse.com.
- Rewards are based on Standard Dealer's Discount.
- Rewards are based on shipments and invoicing.
- **Minimum redemption check will be \$50.00.** Lesser balances will be held for the \$50.00 minimum requirement for a maximum of three months from the invoicing of the claimed order.
- Claims must be registered within 90 days from date of order entry. Claims are not valid if beyond that date. Claims will only be accepted online at spiff@groupelacasse.com.
- Participants must have a current **W9** form on file with Groupe Lacasse in order to be compensated. Claims will not be processed if **W9** form is not on file. Any changes (name/address, etc., must be communicated in writing and accompanied by a new **W9** form.
Participants are responsible for ensuring that all contact information is current.
- Federal, State and local taxes are the sole responsibility of the participant.
- Program applies to U.S. Sales (including Puerto Rico).
- GSA contract business and State contracts are eligible.
- Groupe Lacasse reserves the right to amend and/or cancel this program at any time.

I/We hereby enroll in spiff program:

Enrollment Date: _____

The following information is submitted in strict confidentiality

Company Profile and Personal Identification

COMPANY PROFILE

Dealership Name		Account #	
Address		Email	
Address		P.O. Box (if any)	
City		Phone #	
States		Zip Code	
		Fax #	

Company Representative Authorizing Participation in Program

PERSONAL IDENTIFICATION

Salesperson Name		Title	
Address		Email	
City		Phone #	
States		Zip Code	
		Mobile #	

Beneficiary: _____
Print Name
Signature
Date

DEALERSHIP AUTHORIZATION (This application must be signed by an officer or principal)

Principal: _____
Print Name
Signature
Date

ENROLLMENT DATE By Groupe Lacasse Sales Representative

Approved by: _____
Print Name
Signature
Date