

SPIFF FORM

[TASK + GUEST]

US & Canada Dealer SPIFF 2019



Payable To	Date	
<i>*W-9 Form required (US only)</i>		
Dealership		
Mailing Address (for Check)		
Phone	Fax	Email
PO Number 1	PO Date	SQ# *
PO Number 2	PO Date	SQ# *
PO Number 3	PO Date	SQ# *

Maximum of 3 PO's per SPIFF Form

** if applicable*

PRODUCT		COMMERCIAL		Total SPIFF
		Units	SPIFF	
Astute Guest	0950		\$ 3.00	
Ayles Guest	0500		\$ 10.00	
Ayles Ottoman	0550		\$ 3.00	
Chiroform / Chiroform Ultra	9800		\$ 10.00	
Dove Stool	1600		\$ 5.00	
Entail	8100		\$ 5.00	
Fluid Side	1010		\$ 5.00	
Fluid Task Series	1011		\$ 10.00	
Inertia Task Series	5800/7811		\$ 10.00	
Inertia Side	7810		\$ 5.00	
Inertia Barstool	7815		\$ 5.00	
Jif	0400		\$ 3.00	
Levo	4700		\$ 10.00	
M.O.	1500/1550		\$ 10.00	
Multiflex	1020		\$ 5.00	
Multistack	1025		\$ 5.00	
Multitek	1025		\$ 5.00	
Presto	N520		\$ 10.00	
Rainbow	3300/3310		\$ 3.00	
Ray	1800		\$ 10.00	
Requisite	1300		\$ 10.00	
Therapod	5000/5100		\$ 10.00	
Tuck Stacker/ Collaborative	1150		\$ 3.00	
Tuck Bar / Counter Stool	1160		\$ 5.00	
Tuck Fully Upholstered / Collaborative	1170		\$ 3.00	
You / You Too	1900		\$ 10.00	
You Guest	84054		\$ 5.00	
Zip Task Series	N931/N932		\$ 10.00	
Zip Side	N930		\$ 5.00	
GRAND TOTAL				
Total PO 1				
Total PO 2				
Total PO 3				

** Zip models in Black Leather (Instock Program) and Entail Mesh + Upholstered are not on GSA approved list; no GSA Spiff payable on these.*

** Entail: No SPIFF on any extra discounting. SQ must be for a minimum quantity of 100 and commission penalty are doubled.*

TERMS & CONDITIONS

NOTE: SPIFF forms must be received within 90 days from the date of invoice or they will be forfeited. SPIFFs are paid at Allseating's discretion and are intended for the specifying party. SPIFF rates may be subject to change.

Commercial SPIFFs are paid out based on 2019 Catalogue on standard discounts. **Not applicable on special pricing or SQs.** Payment will not be issued for amounts under \$50. Orders received **within 12 months** of each other, can be grouped together to equal a minimum of \$50. If you require your SPIFF check to be mailed within 14 business days, please send in completed SPIFF form along with the PO. If SPIFF forms are sent in separate from the PO, payments will be processed **within 60 days from date of invoice.**

Fax or email completed SPIFF forms to **1-866-447-9621** or to **spiff@allseating.com**. All SPIFF related inquiries can be sent to **spiff@allseating.com**.

** SPIFF rates above are effective February 1, 2019 - January 31, 2020.



SPIFF FORM

[FOSTER + HALSA]

US & Canada Dealer SPIFF 2019



Payable To _____ Date _____

**W-9 Form required (US only)*

Dealership _____

Mailing Address (for Check) _____

Phone _____ Email: _____

PO Number 1 _____ PO Date _____ SQ# * _____

PO Number 2 _____ PO Date _____ SQ# * _____

PO Number 3 _____ PO Date _____ SQ# * _____

Maximum of 3 PO's per SPIFF Form

** If applicable*

PRODUCT	Model Code	Units	COMMERCIAL SPIFF	TOTAL SPIFF
PATIENT CHAIRS				
Patient (MESH)	F0110/F0610		\$ 5.00	
Patient (UPH)	F1110/F1610		\$ 5.00	
Patient Wide (MESH)	F0310/F0710		\$ 5.00	
Patient Wide (UPH)	F1310/F1710		\$ 5.00	
Patient Bariatric (MESH)	F0510/F0810		\$ 5.00	
Patient Bariatric (UPH)	F1510/F1810		\$ 5.00	
Sled (MESH)	F0111/F0611		\$ 5.00	
Sled (UPH)	F1111/F1611		\$ 5.00	
Rocker (MESH)	F0112/F0612		\$ 5.00	
Rocker (UPH)	F1112/F1612		\$ 5.00	
Hip Chair (MESH)	F0013		\$ 5.00	
Hip Chair (UPH)	F1013		\$ 5.00	
GUEST CHAIRS - SINGLE UNITS				
Guest (MESH)	F0010		\$ 5.00	
Guest (UPH)	F1010		\$ 5.00	
Guest Wide (MESH)	F0210		\$ 5.00	
Guest Wide (UPH)	F1210		\$ 5.00	
Guest Bariatric (MESH)	F0410		\$ 5.00	
Guest Bariatric (UPH)	F1410		\$ 5.00	
GUEST TANDEM CHAIRS - START, ADD-ONS & END UNITS				
Guest Start Unit (MESH)	F0017		\$ 5.00	
Guest Start Unit (UPH)	F1017		\$ 5.00	
Guest Wide Start Unit (MESH)	F0217		\$ 5.00	
Guest Wide Start Unit (UPH)	F1217		\$ 5.00	
Guest Bariatric Start Unit (MESH)	F0417		\$ 5.00	
Guest Bariatric Start Unit (UPH)	F1417		\$ 5.00	
ADD-ON UNITS				
Guest Add-On Unit (MESH)	F0018		\$ 5.00	
Guest Add-On Unit (UPH)	F1018		\$ 5.00	
Guest Wide Add-On Unit (MESH)	F0218		\$ 5.00	
Guest Wide Add-On Unit (UPH)	F1218		\$ 5.00	
Guest Bariatric Add-On Unit (MESH)	F0418		\$ 5.00	
Guest Bariatric Add-On Unit (UPH)	F1418		\$ 5.00	
END UNITS **NO RIGHT LEG**				
Guest End Unit (MESH)	F0019		\$ 5.00	
Guest End Unit (UPH)	F1019		\$ 5.00	
Guest Wide End Unit (MESH)	F0219		\$ 5.00	
Guest Wide End Unit (UPH)	F1219		\$ 5.00	
Guest Bariatric End Unit (MESH)	F0419		\$ 5.00	
Guest Bariatric End Unit (UPH)	F1419		\$ 5.00	

PRODUCT	Model Code	Units	COMMERCIAL SPIFF	TOTAL SPIFF
GUEST MULTIPLE CHAIRS				
Double w/ Half Arm (MESH)	F0021		\$ 10.00	
Double w/ Half Arm (UPH)	F1021		\$ 10.00	
Double w/ Full Arm (MESH)	F0022		\$ 10.00	
Double w/ Full Arm (UPH)	F1022		\$ 10.00	
Triple w/ Half Arms (MESH)	F0031		\$ 15.00	
Triple w/ Half Arms (UPH)	F1031		\$ 15.00	
Tripple w/ Full Arms (MESH)	F0032		\$ 15.00	
Tripple w/ Full Arms (UPH)	F1032		\$ 15.00	
Double (MESH)	F0020		\$ 10.00	
Double (UPH)	F1020		\$ 10.00	
Triple (MESH)	F0030		\$ 15.00	
Triple (UPH)	F1030		\$ 15.00	
LOUNGE CHAIRS				
Single Lounge	F2010		\$ 5.00	
Double Lounge	F2020		\$ 10.00	
Triple Lounge	F2030		\$ 15.00	
BENCHES & OTTOMANS				
Single Bench	F3X40		\$ 5.00	
Double Bench	F3X41		\$ 10.00	
Double Bench w/ Table	F3X42		\$ 10.00	
Bench Lite	F3X43		\$ 3.00	
Ottoman	F3X44		\$ 3.00	
FOSTER TABLES				
Side Table	F4X01		\$ 5.00	
Coffee Table	F4X02		\$ 10.00	
End Table Left	F4X03		\$ 5.00	
End Table Right	F4X04		\$ 5.00	
Inline Table	F4X05		\$ 5.00	
Corner Table	F4X06		\$ 5.00	
45% Corner Table	F4X07		\$ 5.00	
SLEEPER/RECLINER				
Sleep Chair (all models)	F6010-F6210		\$ 10.00	
Recliner Chair (all models)	F5114-F5314		\$ 10.00	
HALSA COLLECTION				
H1010 (SINGLE MIDBACK)	H1010		\$ 5.00	
H1020 (DOUBLE)	H1020		\$ 10.00	
H1022 (DOUBLE FULL ARM)	H1022		\$ 10.00	
H1030 (TRIPLE)	H1030		\$ 15.00	
H1032 (TRIPLE FULL ARM)	H1032		\$ 15.00	
H1110 (SINGLE HIGHBACK)	H1110		\$ 5.00	
H1410 (SINGLE BARIATRIC)	H1410		\$ 5.00	
H1510 (LOVESEAT)	H1510		\$ 5.00	
All Halsa Tables	H4X01 - 6		\$ 5.00	
GRAND TOTAL				

TERMS & CONDITIONS

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SPIFF Rates Effective February 1, 2019 to January 31, 2020.



SPIFF FORM

[EXCHANGE]

US & Canada Dealer SPIFF 2019



Payable To _____ Date _____

**W-9 Form required (US only)*

Dealership _____

Mailing Address (for Check) _____

Phone _____ Fax _____ Email _____

PO Number 1 _____ PO Date _____ SQ# * _____

PO Number 2 _____ PO Date _____ SQ# * _____

PO Number 3 _____ PO Date _____ SQ# * _____

Maximum of 3 PO's per SPIFF Form

** if applicable*

PRODUCT	Model Code	COMMERCIAL		PROMO COMMERCIAL**		Total SPIFF
		Units	SPIFF	Units	SPIFF	
LINEAR						
Single Lounge	E1011		\$ 5.00		\$ 20.00	
Double	E1012		\$ 10.00		\$ 40.00	
Triple	E1013		\$ 15.00		\$ 60.00	
Quad	E1014		\$ 20.00		\$ 80.00	
L-SHAPE						
L-Shape 2X2	E2022		\$ 15.00		\$ 60.00	
L-Shape 2X3	E2023		\$ 20.00		\$ 80.00	
L-Shape 2X4	E2024		\$ 25.00		\$ 100.00	
L-Shape 3X2	E2032		\$ 20.00		\$ 80.00	
L-Shape 3X3	E2033		\$ 25.00		\$ 100.00	
L-Shape 3X4	E2034		\$ 30.00		\$ 120.00	
L-Shape 4X2	E2042		\$ 25.00		\$ 100.00	
L-Shape 4X3	E2043		\$ 30.00		\$ 120.00	
L-Shape 4X4	E2044		\$ 35.00		\$ 140.00	
U-Shape						
U-Shape 4X2	E3042		\$ 30.00		\$ 120.00	
U-Shape 4X3	E3043		\$ 40.00		\$ 160.00	
U-Shape 4X4	E3044		\$ 50.00		\$ 200.00	
TABLES						
16" Cocktail Table	E4X01		\$ 3.00		\$ 12.00	
24" Round	E4X07		\$ 3.00		\$ 12.00	
30" Round	E4X08		\$ 5.00		\$ 20.00	
Coffee Table	E4X02		\$ 5.00		\$ 20.00	
CUSTOM						
Building Blocks Per Seat	ES		\$ 5.00		\$ 20.00	
GRAND TOTAL						
Total PO 1						
Total PO 2						
Total PO 3						

**** Exchange Spiff Promotion effective until April 30, 2019 and applicable on standard discount only. All other discounts default to standard rates.**

GSA, State and GPO Contracts are not eligible for the Exchange SPIFF promotion.

Terms & Conditions

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SPIFF Rates Effective February 1, 2019 to January 31, 2020. Exchange Promotional Rates effective until April 30, 2019.



SPIFF FORM

[TASK + GUEST]



GSA + STATE CONTRACT
 [FLORIDA, CMAS-CALIFORNIA, NEW YORK, NEW JERSEY]
SPIFF 2019

Payable To <i>*W-9 Form required (US only)</i>	Date	
Dealership		
Mailing Address (for Check)		
Phone	Fax	Email
PO Number 1	PO Date	SQ# *
PO Number 2	PO Date	SQ# *
PO Number 3	PO Date	SQ# *

Maximum of 3 PO's per SPIFF Form

** if applicable*

PRODUCT		GSA/STATE		Total SPIFF
		UNITS	SPIFF 60/62% OFF	
ALLSEATING COLLECTION				
Astute Guest	0950		\$ 1.50	\$ 0.75
Ayles Guest	0500		\$ 5.00	\$ 2.50
Ayles Ottoman	0550		\$ 1.50	\$ 0.75
Chiroform / Chiroform Ultra	9800		\$ 5.00	\$ 2.50
Dove Stool	1600		\$ 2.50	\$ 1.25
Fluid Guest	1010		\$ 2.50	\$ 1.25
Fluid Task Series	1011		\$ 5.00	\$ 2.50
Inertia Task Series	5800/7811		\$ 5.00	\$ 2.50
Inertia Guest	7810		\$ 2.50	\$ 1.25
Inertia Barstool	7815		\$ 2.50	\$ 1.25
Jif	0400		\$ 1.50	\$ 0.75
Levo	4700		\$ 5.00	\$ 2.50
M.O.	1500/1550		\$ 5.00	\$ 2.50
Multiflex	1020		\$ 2.50	\$ 1.25
Multistack	1025		\$ 2.50	\$ 1.25
Multitek	1025		\$ 2.50	\$ 1.25
Presto	N520		\$ 5.00	\$ 2.50
Rainbow	3300/3310		\$ 1.50	\$ 0.75
Ray	1800		\$ 5.00	\$ 2.50
Requisite	1300		\$ 5.00	\$ 2.50
Therapod	5000/5100		\$ 5.00	\$ 2.50
Tuck Stacker/ Collaborative	1150		\$ 1.50	\$ 0.75
Tuck Bar / Counter Stool	1160		\$ 2.50	\$ 1.25
Tuck Fully Upholstered / Collaborative	1170		\$ 1.50	\$ 0.75
You / You Too	1900		\$ 5.00	\$ 2.50
You Guest	84054		\$ 2.50	\$ 1.25
Zip Task Series	N931/N932		\$ 5.00	\$ 2.50
Zip Guest	N930		\$ 2.50	\$ 1.25
GRAND TOTAL				
Total PO 1				
Total PO 2				
Total PO 3				

** Zip models in Black Leather (Instock Program) and Entail Mesh + Upholstered are not on GSA approved list; no GSA Spiff payable on these.*

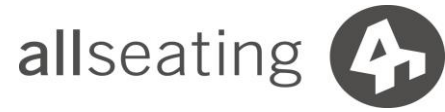
TERMS & CONDITIONS

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SPIFF FORM

[FOSTER + HALSA]

GSA + STATE CONTRACT

[FLORIDA, CMAS-CALIFORNIA, NEW YORK, NEW JERSEY]

SPIFF 2019



Payable To _____ Date _____

**W-9 Form required (US only)*

Dealership _____

Mailing Address (for Check) _____

Phone _____ Email: _____

PO Number 1 _____ PO Date _____ SQ# * _____

PO Number 2 _____ PO Date _____ SQ# * _____

PO Number 3 _____ PO Date _____ SQ# * _____

Maximum of 3 PO's per SPIFF Form

** If applicable*

PRODUCT	Model Code	Units	GSA/STATE SPIFF		TOTAL SPIFF
			60/62% OFF	64% OFF	
PATIENT CHAIRS					
Patient (MESH)	F0110/F0610		\$ 2.50	\$ 1.25	
Patient (UPH)	F1110/F1610		\$ 2.50	\$ 1.25	
Patient Wide (MESH)	F0310/F0710		\$ 2.50	\$ 1.25	
Patient Wide (UPH)	F1310/F1710		\$ 2.50	\$ 1.25	
Patient Bariatric (MESH)	F0510/F0810		\$ 2.50	\$ 1.25	
Patient Bariatric (UPH)	F1510/F1810		\$ 2.50	\$ 1.25	
Sled (MESH)	F0111/F0611		\$ 2.50	\$ 1.25	
Sled (UPH)	F1111/F1611		\$ 2.50	\$ 1.25	
Rocker (MESH)	F0112/F0612		\$ 2.50	\$ 1.25	
Rocker (UPH)	F1112/F1612		\$ 2.50	\$ 1.25	
Hip Chair (MESH)	F0013		\$ 2.50	\$ 1.25	
Hip Chair (UPH)	F1013		\$ 2.50	\$ 1.25	
GUEST CHAIRS - SINGLE UNITS					
Guest (MESH)	F0010		\$ 2.50	\$ 1.25	
Guest (UPH)	F1010		\$ 2.50	\$ 1.25	
Guest Wide (MESH)	F0210		\$ 2.50	\$ 1.25	
Guest Wide (UPH)	F1210		\$ 2.50	\$ 1.25	
Guest Bariatric (MESH)	F0410		\$ 2.50	\$ 1.25	
Guest Bariatric (UPH)	F1410		\$ 2.50	\$ 1.25	
GUEST TANDEM CHAIRS - START, ADD-ONS & END UNITS					
Guest Start Unit (MESH)	F0017		\$ 2.50	\$ 1.25	
Guest Start Unit (UPH)	F1017		\$ 2.50	\$ 1.25	
Guest Wide Start Unit (MESH)	F0217		\$ 2.50	\$ 1.25	
Guest Wide Start Unit (UPH)	F1217		\$ 2.50	\$ 1.25	
Guest Bariatric Start Unit (MESH)	F0417		\$ 2.50	\$ 1.25	
Guest Bariatric Start Unit (UPH)	F1417		\$ 2.50	\$ 1.25	
ADD-ON UNITS					
Guest Add-On Unit (MESH)	F0018		\$ 2.50	\$ 1.25	
Guest Add-On Unit (UPH)	F1018		\$ 2.50	\$ 1.25	
Guest Wide Add-On Unit (MESH)	F0218		\$ 2.50	\$ 1.25	
Guest Wide Add-On Unit (UPH)	F1218		\$ 2.50	\$ 1.25	
Guest Bariatric Add-On Unit (MESH)	F0418		\$ 2.50	\$ 1.25	
Guest Bariatric Add-On Unit (UPH)	F1418		\$ 2.50	\$ 1.25	
END UNITS **NO RIGHT LEG**					
Guest End Unit (MESH)	F0019		\$ 2.50	\$ 1.25	
Guest End Unit (UPH)	F1019		\$ 2.50	\$ 1.25	
Guest Wide End Unit (MESH)	F0219		\$ 2.50	\$ 1.25	
Guest Wide End Unit (UPH)	F1219		\$ 2.50	\$ 1.25	
Guest Bariatric End Unit (MESH)	F0419		\$ 2.50	\$ 1.25	
Guest Bariatric End Unit (UPH)	F1419		\$ 2.50	\$ 1.25	

PRODUCT	Model Code	Units	GSA/STATE SPIFF		TOTAL SPIFF
			60/62% OFF	64% OFF	
GUEST MULTIPLE CHAIRS					
Double w/ Half Arm (MESH)	F0021		\$ 5.00	\$ 2.50	
Double w/ Half Arm (UPH)	F1021		\$ 5.00	\$ 2.50	
Double w/ Full Arm (MESH)	F0022		\$ 5.00	\$ 2.50	
Double w/ Full Arm (UPH)	F1022		\$ 5.00	\$ 2.50	
Triple w/ Half Arms (MESH)	F0031		\$ 7.50	\$ 3.75	
Triple w/ Half Arms (UPH)	F1031		\$ 7.50	\$ 3.75	
Triple w/ Full Arms (MESH)	F0032		\$ 7.50	\$ 3.75	
Triple w/ Full Arms (UPH)	F1032		\$ 7.50	\$ 3.75	
Double (MESH)	F0020		\$ 5.00	\$ 2.50	
Double (UPH)	F1020		\$ 5.00	\$ 2.50	
Triple (MESH)	F0030		\$ 7.50	\$ 3.75	
Triple (UPH)	F1030		\$ 7.50	\$ 3.75	
LOUNGE CHAIRS					
Single Lounge	F2010		\$ 2.50	\$ 1.25	
Double Lounge	F2020		\$ 5.00	\$ 2.50	
Triple Lounge	F2030		\$ 7.50	\$ 3.75	
BENCHES & OTTOMANS					
Single Bench	F3X40		\$ 2.50	\$ 1.25	
Double Bench	F3X41		\$ 5.00	\$ 2.50	
Double Bench w/ Table	F3X42		\$ 5.00	\$ 2.50	
Bench Lite	F3X43		\$ 1.50	\$ 0.75	
Ottoman	F3X44		\$ 1.50	\$ 0.75	
FOSTER TABLES					
Side Table	F4X01		\$ 2.50	\$ 1.25	
Coffee Table	F4X02		\$ 2.50	\$ 2.50	
End Table Left	F4X03		\$ 2.50	\$ 1.25	
End Table Right	F4X04		\$ 2.50	\$ 1.25	
Inline Table	F4X05		\$ 2.50	\$ 1.25	
Corner Table	F4X06		\$ 2.50	\$ 1.25	
45% Corner Table	F4X07		\$ 2.50	\$ 1.25	
SLEEPER/RECLINER					
Sleep Chair (all models)	F6010-F6210		\$ 5.00	\$ 2.50	
Recliner Chair (all models)	F5114-F5314		\$ 5.00	\$ 2.50	
HALSA COLLECTION					
H1010 (SINGLE MIDBACK)	H1010		\$ 2.50	\$ 1.25	
H1020 (DOUBLE)	H1020		\$ 5.00	\$ 2.50	
H1022 (DOUBLE FULL ARM)	H1022		\$ 5.00	\$ 2.50	
H1030 (TRIPLE)	H1030		\$ 7.50	\$ 3.75	
H1032 (TRIPLE FULL ARM)	H1032		\$ 7.50	\$ 3.75	
H1110 (SINGLE HIGHBACK)	H1110		\$ 2.50	\$ 1.25	
H1410 (SINGLE BARIATRIC)	H1410		\$ 2.50	\$ 1.25	
H1510 (LOVESEAT)	H1510		\$ 2.50	\$ 1.25	
All Halsas Tables	H4X01 - 6		\$ 2.50	\$ 1.25	
GRAND TOTAL					

TERMS & CONDITIONS

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SPIFF FORM

[EXCHANGE]



GSA + STATE CONTRACT
 [FLORIDA, CMAS-CALIFORNIA, NEW YORK, NEW JERSEY]
SPIFF 2019

Payable To	Date	
<i>*W-9 Form required (US only)</i>		
Dealership		
Mailing Address (for Check)		
Phone	Fax	Email
PO Number 1	PO Date	SQ# *
PO Number 2	PO Date	SQ# *
PO Number 3	PO Date	SQ# *

Maximum of 3 PO's per SPIFF Form

** if applicable*

PRODUCT	Model Code	COMMERCIAL			
		Units	SPIFF 60/62% OFF	SPIFF 64% OFF	TOTAL SPIFF
LINEAR					
Single Lounge	E1011		\$ 2.50	\$ 1.25	
Double	E1012		\$ 5.00	\$ 2.50	
Triple	E1013		\$ 7.50	\$ 3.75	
Quad	E1014		\$ 10.00	\$ 5.00	
L-SHAPE					
L-Shape 2X2	E2022		\$ 7.50	\$ 3.75	
L-Shape 2X3	E2023		\$ 10.00	\$ 5.00	
L-Shape 2X4	E2024		\$ 12.50	\$ 6.25	
L-Shape 3X2	E2032		\$ 10.00	\$ 5.00	
L-Shape 3X3	E2033		\$ 12.50	\$ 6.25	
L-Shape 3X4	E2034		\$ 15.00	\$ 7.50	
L-Shape 4X2	E2042		\$ 12.50	\$ 6.25	
L-Shape 4X3	E2043		\$ 15.00	\$ 7.50	
L-Shape 4X4	E2044		\$ 17.50	\$ 8.75	
U-Shape					
U-Shape 4X2	E3042		\$ 15.00	\$ 7.50	
U-Shape 4X3	E3043		\$ 20.00	\$ 10.00	
U-Shape 4X4	E3044		\$ 25.00	\$ 12.50	
TABLES					
16" Cocktail Table	E4X01		\$ 1.50	\$ 0.75	
24" Round	E4X07		\$ 1.50	\$ 0.75	
30" Round	E4X08		\$ 2.50	\$ 1.25	
Coffee Table	E4X02		\$ 2.50	\$ 1.25	
CUSTOM					
Building Blocks Per Seat	ES		\$ 2.50	\$ 1.25	
GRAND TOTAL					
Total PO 1					
Total PO 2					
Total PO 3					

**** GSA, State and GPO Contracts are not eligible for the Exchange SPIFF promotion.**

TERMS & CONDITIONS

NOTE: SPIFF forms must be received within 90 days from the date of invoice or they will be forfeited. SPIFFs are paid at Allseating's discretion and are intended for the specifying party. SPIFF rates may be subject to change.

Commercial SPIFFs are paid out based on 2019 Catalogue on standard discounts. **Not applicable on special pricing or SQs.** Payment will not be issued for amounts under \$50. Orders received **within 12 months** of each other, can be grouped together to equal a minimum of \$50. If you require your SPIFF check to be mailed within 14 business days, please send in completed SPIFF form along with the PO. If SPIFF forms are sent in separate from the PO, payments will be processed **within 60 days from date of invoice.**

Fax or email completed SPIFF forms to 1-866-447-9621 or to spiff@allseating.com. All SPIFF related inquiries can be sent to spiff@allseating.com.

SPIFF Rates Effective February 1, 2019 to January 31, 2020. Exchange Promotional Rates effective until April 30, 2019.

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.