

# SPIFF FORM

## [TASK + GUEST]

### US & Canada Dealer SPIFF 2020



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		COMMERCIAL		Total SPIFF
		Units	SPIFF	
Astute Guest	0950		\$ 3.00	
Ayles Guest	0500		\$ 10.00	
Ayles Ottoman	0550		\$ 3.00	
Chiroform Ultra	9800		\$ 10.00	
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	
Multistack	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 / Nester	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	
<b>GRAND TOTAL</b>				
<b>Total PO 1</b>				
<b>Total PO 2</b>				
<b>Total PO 3</b>				

*\* 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 2020 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, 2020 - January 31, 2021.



# SPIFF FORM

[FOSTER + HALSA]  
US & Canada Dealer SPIFF 2020



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
<b>PATIENT CHAIRS</b>				
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	
<b>GUEST CHAIRS - SINGLE UNITS</b>				
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	
<b>GUEST TANDEM CHAIRS - START, ADD-ONS &amp; END UNITS</b>				
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	
<b>ADD-ON UNITS</b>				
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	
<b>END UNITS **NO RIGHT LEG**</b>				
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
<b>GUEST MULTIPLE CHAIRS</b>				
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	
<b>LOUNGE CHAIRS</b>				
Single Lounge	F2010		\$ 5.00	
Double Lounge	F2020		\$ 10.00	
Triple Lounge	F2030		\$ 15.00	
<b>BENCHES &amp; OTTOMANS</b>				
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	
<b>FOSTER TABLES</b>				
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	
<b>SLEEPER/RECLINER</b>				
Sleep Chair	F6010		\$ 10.00	
Recliner Chair	F5114		\$ 10.00	
<b>HALSA COLLECTION</b>				
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	
<b>GRAND TOTAL</b>				

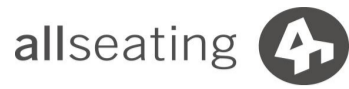
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SPIFF Rates Effective February 1, 2020 to January 31, 2021.



# SPIFF FORM

## [EXCHANGE]

### US & Canada Dealer SPIFF 2020



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		Total SPIFF
		Units	SPIFF	
<b>LINEAR</b>				
Single Lounge	E1011/E1X11		\$ 5.00	
Double	E1012/E1X12		\$ 10.00	
Triple	E1013/E1X13		\$ 15.00	
Quad	E1014/E1X14		\$ 20.00	
<b>L-SHAPE</b>				
L-Shape 2X2	E2022/E2X22		\$ 15.00	
L-Shape 2X3	E2023/E2X23		\$ 20.00	
L-Shape 2X4	E2024/E2X24		\$ 25.00	
L-Shape 3X2	E2032/E2X32		\$ 20.00	
L-Shape 3X3	E2033/E2X33		\$ 25.00	
L-Shape 3X4	E2034/E2X34		\$ 30.00	
L-Shape 4X2	E2042/E2X42		\$ 25.00	
L-Shape 4X3	E2043/E2X43		\$ 30.00	
L-Shape 4X4	E2044/E2X44		\$ 35.00	
<b>U-Shape</b>				
U-Shape 4X2 [NEW MODEL CODE]	E3022/E3X22		\$ 30.00	
U-Shape 4X3 [NEW MODEL CODE]	E3033/E3X33		\$ 40.00	
U-Shape 4X4	E3044/E3X44		\$ 50.00	
<b>TABLES</b>				
16" Cocktail Table	E4X01		\$ 3.00	
Laptop Table	E4X03		\$ 3.00	
24" Round	E4X07		\$ 3.00	
30" Round	E4X08		\$ 5.00	
36" Round	E4X09		\$ 5.00	
Coffee Table	E4X02		\$ 5.00	
<b>TABLES   LINKING</b>				
24" Linking Table	E4L07		\$ 3.00	
120 Degree Linking Table	E4L01		\$ 3.00	
<b>CUSTOM</b>				
Building Blocks   Per Seat	ES		\$ 5.00	
<b>GRAND TOTAL</b>				
<b>Total PO 1</b>				
<b>Total PO 2</b>				
<b>Total PO 3</b>				

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SPIFF Rates Effective February 1, 2020 to January 31, 2021.

# Request for Taxpayer Identification Number and Certification

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

<b>Print or type See Specific Instructions on page 2.</b>	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <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) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	<b>5</b> Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code	
	<b>7</b> 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 line 1 to avoid backup withholding. For individuals, this is generally 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.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>	
<b>or</b>	
<b>Employer identification number</b>	

## 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); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**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 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

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

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

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, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.