2016 Dealer Sales Incentive

Promotion Terms: Effective for your sales from January 1 - December 31, 2016

Any MODELS LISTED BELOW that you sell during this time period will qualify for the Sales Incentive. Sales Incentives will be paid in the form of a check from True directly to the dealers salesperson (unless otherwise requested by dealer). Note – This program cannot be combined with other marketing programs. (i.e. Quarterly marketing fund and other non-standard programs).

THE TRUE 48* **$1000**

THE TRUE 42 **$500**

PREMIUM 24" Models **$150**

True Single Zone Wine Cabinet (Stainless and Overlay)
True Dual Zone Wine Cabinet (Stainless and Overlay)
True Dual Tap Beverage Dispenser (Stainless and Overlay)
True Undercounter Freezer (Stainless and Overlay)*

PREMIUM 15" Models **$125**

15" True Wine Cabinet (Stainless and Overlay)
15" True Beverage Dispenser (Stainless and Overlay)

15" TRUE CLEAR ICE MACHINE **$125**

(Stainless and Overlay)

24" Models **$125**

True All Refrigerator (Stainless and Overlay)
True All Refrigerator Drawers (Stainless and Overlay)
True Beverage Center (Stainless and Overlay)
True Single Tap Beverage Dispenser (Stainless and Overlay)

15" Models **$100**

15" True Undercounter Refrigerator (Stainless and Overlay)

* Available Spring of 2016

In order to qualify for the Sales Incentive, the following must be completed:

1. All information requested below must be completed.
2. UMRP Price must be maintained and shown on invoice.
3. A copy of your Bill(s) of Sale showing your delivery date between January 1, 2016 and December 31, 2016, must be attached to this form and mailed or faxed to:

True Residential
Attn: 2016 Sales Incentive
2001 East Terra Lane
O'Fallon, MO 63366 USA
Fax: 636.272.7546
Email: trlincentive@truemfg.com

PLEASE PRINT LEGIBLY WITH COMPLETE INFORMATION OR FILL IN ELECTRONIC PDF FORM

SALESPERSON NAME: _____ Please print

SIGNATURE: _____

STREET ADDRESS: _____

CITY / STATE: ZIP CODE: _____

SSN: _____

DEALER: EMAIL: _____

UNIT(S) SOLD: Model and serial number must be included below.
Don't forget to include a copy(ies) of your bill of sale!

OFFICE USE ONLY

Salesman Name _____

Salesman # _____

Total _____

MODEL	SERIAL NUMBER

ALL REQUESTS MUST BE RECEIVED AT TRUE BY JANUARY 31, 2017!

true-residential.com