2017 Dealer Sales Incentive

Promotion Terms: Effective for your sales from January 1 - December 31, 2017

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 — **$700**

THE TRUE 42 — **$500**

30" COLUMNS* — **$300**

Refrigerator, Freezer and Wine

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 Q2 2017

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, 2017 and December 31, 2017, must be attached to this form and mailed or faxed to:

True Residential
Attn: 2017 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, 2018!

true-residential.com