AGA 2019 Total Control Spiff Program

Effective: July 15 - December 31, 2019

Model	Spiff
3 Oven Cooker	$300
Hot Cupboard w/ Induction Top Hot	$130
Cupboard w/ Warming Plate Dual	$ 90
Fuel Module	$150
City 24	$250

Hot Cupbaord

City 24

AGA 2019 Professional Spiff Program

Model	Spiff
Professional Self-Clean Dual Fuel 36" Range	$150
Professional Induction 36" Range	$150

AGA 2019 Elise/Mercury Spiff Program

Model	Spiff
Elise 36" Ranges	$150
Elise 48" Ranges	$200
Refrigerators	$100
Dishwashers	$ 50

Mercury 36" Ranges	$150
Mercury 48" Ranges	$200
Refrigerators	$100
Dishwashers	$ 50

Spiff Program Guidelines:

Must be a displaying dealer to participate in spiff program.
Product must have been purchased from Middleby Residential.
Claims must include complete copy of dealer's invoice to the consumer.
Spiffs do not apply to any builder quotes, programs or personal use.
Spiffs must be submitted within 90 days of ship date to
spiffs@middlebyresidential.com, fax 800.910.8461 or mailed
to: 4960 Golden Pkwy, Bldg. #3A, Buford, GA 30518

PROGRAMS SUBJECT TO CHANGE WITH A 30 DAY NOTICE

www.middlebyresidential.com

AGA - RETAIL INCENTIVE CLAIM FORM

1. Complete form below – PLEASE PRINT LEGIBLY!
   - All claims must be submitted within 30 days of delivery.
   - Invoice date determines program incentive earned; however units must be delivered to claim.
2. Attach a clear and complete copy of customer sales invoice with COMPLETE serial numbers and selling price.
   - Example of model and serial: AEL48DF-BLK, S/N 11331-001003.
3. Email, Fax or Mail to Middleby Residential, 4960 Golden Pkwy, Bldg. #3A, Buford, GA 30518
   Fax: 800-910-8461, **Email: spiffs@middlebyresidential.com**

4. If you would like to receive your payment by automatic bank deposit, please email: spiffs@middlebyresidential.com to request a copy of the Authorization for Direct Deposit Form.

DATE	CUSTOMER NAME	MODEL NUMBER	SERIAL NUMBER	$ AMOUNT
			TOTAL $	

Retail Salesperson (print)

Retail Salesperson's Email Address

Mailing Address ☐ Please check if new

Retail Salesperson Soc. Sec. #

City/State/Zip

Store Name and City

Retail Salesperson's Signature

Date Submitted to Middleby Residential