



## SPIFFS

### January 1 – December 31, 2021

[www.middlebyresidential.com](http://www.middlebyresidential.com)

Middleby Residential will reward the dealer personnel with generous cash rewards for the sale of selected Trade-Wind products. Products sold on special pricing will not qualify under this program. Middleby Residential may not pay spiff incentives if the product is sold below the established minimum sale price. Please see Middleby Residential District Sales Manager for pricing information.

Spiffs will only be paid on products purchased from Middleby Residential.

MODEL NUMBER(S)	DESCRIPTION	SPIFF
	<i>Designer Series</i>	
VSL430, 436, 442, 448, 454, 460, 472		\$50
	<i>Professional Series</i>	
7236, L7236, S7236, 7242, S7242, L7242, P7236, P7242, P3230, P3236, P3242, T7230, T7242		\$50
7248, L7248, S7248, 7254, S7254, L7254, P7248, P3248, T7248		\$75
7260, L7260, S7260, 7266, L7266, S7266, 7272, L7272, S7272, P7260, P7272		\$100
	<i>Slim Line Series</i>	
3030, 3036, 3042, H3230, H3236, H3242, H3248		\$30
	<i>Indoor Hood Inserts</i>	
I3230, I3236		\$30
	<i>Island BBQ Hood</i>	
P7248-12IS, P7248ISL		\$100

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.**

\* PROGRAMS SUBJECT TO CHANGE WITH A 30 DAY NOTICE

# TRADE-WIND - 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: VSL4304RC, S/N 71811671.
3. Email, Fax or Mail to Middleby Residential, 4960 Golden Pkwy, Bldg. #3A, Buford, GA 30518  
 Fax: 800-910-8461, **Email: [spiffs@middlebyresidential.com](mailto:spiffs@middlebyresidential.com)**
4. If you would like to receive your payment by automatic bank deposit, please email: [spiffs@middlebyresidential.com](mailto:spiffs@middlebyresidential.com) to request a copy of the Authorization for Direct Deposit Form.

DATE	CUSTOMER NAME	MODEL NUMBER	SERIAL NUMBER	\$ AMOUNT
<b>TOTAL:</b>				

\_\_\_\_\_  
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