BainUltra®

SPIFF 2010

I sold a BainUltra® ThermoMasseur®, a Vedana® or a Temazkal®. Please send me, by mail, my BainUltra® SPIFF.

Salesperson

Name of Retailer

Social security number* (mandatory for payment)

Address

City Zip Code

Telephone

Email

Birth Date (month/day)

NOTE : PLEASE PRINT.

*A 1099 will be issued to every individual claiming $600 or more in one year.

ThermoMasseur®, Vedana® & Temazkal® - SPIFF amount

Hold amount toward purchase of a BainUltra® product ❑ Check ❑ BainUltra® University ❑

$125
Temazkal®
Vedana®

$100
Amma oval 7242 (freestanding)
Ayoura 7838 (freestanding)
Cella 6036
Cella
Naos
Sanos
Tekura (freestanding)

$80
Amma 6030
Amma 6032
Amma 6036
Amma 6060
Amma 6636
Amma oval 6638
Amma 7048

$80
Amma 7236
Amma 7242
Amma oval 7242
Ayoura 7236 (drop-in)
Ayoura 7836 (drop-in)
Tekura

$50
Elegancia 7242
Elegancia 7236
Elegancia 6642
Elegancia 6636
Elegancia 6032
TMU 2500
TMU 2550
TMU 2600
TMU 2602
TMU 2650
TMU 2702
TMU 5454
TMU 6060

$50
Origami 6030
Origami 6032
Origami 6632
Origami 6636
Origami 7236
Origami 7242
Origami oval 7242

$40
Oval Plus
Oval Addition
Thermal 50
Thermal O55
Thermal 60
Thermal CN2K
Thermal CR2K
Ellipse 6036
Ellipse 7240
Ellipse 7842
Emotion 542
Emotion 642

$40
Meridian 50
Meridian 55
Meridian 60
Pro-Meridian 55
Pro-Meridian 60

$20
Thalassa 50
Thalassa 55
Thalassa 60
Sensation

$15
Azur 50
Azur 55
Azur 60
Azur 642
Basa™
Basa Duo®
Chromatherapy Euphonia™ headset

ORIGINAL

IMPORTANT

SPIFFs will not be paid if this form is not filled out correctly.

1. Soakers, showroom baths, skirts, special job quotes and personal use baths are excluded.

2. BainUltra® invoice number and your P.O. number must be indicated for each bath sold.

3. Claims are paid when a minimum of $75 is attained. One year after delivery, the SPIFF claim will be invalid.

Claims received before the 15th of the month will be paid before the 30th of the same month.

Please send your SPIFF to:

BainUltra®
956, chemin Olivier, St-Nicolas
Québec, Canada G7A 2N1
or by fax at 1 800 382-8587
or by e-mail (Ask for the electronic format): spiff@bainultra.com

	BainUltra® Invoice Number or Order Number	Your P.O. Number	Model Sold	SPIFF Amount
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Ptinted in Canada
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SPIFF form is valid in the United States until December 31st, 2010. TOTAL : $_____