

SPIFF REQUEST FORM

COMPLETE THIS FORM, AND FAX WITH **BUYER'S ORDER**
TO ATTN: BRIAN MURPHY fax:631-265-3506 phone:800-291-0196
Incomplete forms will not be processed.

CUSTOMER NAME: _____

VIN #(Last 8) _____

DELIVERY DATE: ___ / ___

DEALERSHIP: _____

SALESPERSON LEGAL NAME: _____

(Please print **CLEARLY** no nicknames)

SALES PERSON
HOME MAILING ADDRESS: _____

CITY _____ STATE _____ Zip _____

SALES PERSON SIGNATURE: _____

SOCIAL SECURITY # _____ - _____ - _____

AMOUNT OF SPIFF \$ _____

AUTHORIZATION: _____ DATE: ___ / ___ / ___

(EXPLORER VAN REPRESENTATIVE)

By signing this form both salespeople certify that all information is correct
and accurate to knowledge & belief.

Fill out Completely & fax with a copy
of the buyers order to:

631-265-3506