



Lakeview Appliance Distributing

claim by fax: 630-238-1926
claim by mail:
Lakeview Appliance Distributing
1065 W North thorndale Ave
Bensenville, IL 60106

claim your spiff

YOUR NAME:

DEALER NAME:

SOCIAL SECURITY NUMBER:

YOUR MAILING ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

CUSTOMER NAME OR INVOICE NUMBER:

You must enclose a copy of the retail invoice along with the claim form and file within 60 days of sales invoice date. All spiff claims must be approved by your LV Sales Representative. Late or incomplete claims will not be paid. Any individual earning over \$600 will receive a form 1099, as stipulated by the IRS. See Program Guidelines for a full list of details.

BRAND:	MODEL #	SERIAL #	SPIFF AMOUNT
TOTAL			

Please contact LV at 877.546.1280 if you have any questions on the appropriate spiff amount.

APPROVED BY: LV SALES REPRESENTATIVE SIGNATURE

APPROVAL DATE: