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## **Reseller Project Initiation Commission Program**

### **Program Overview**

There is an incredible value in having dedicated resellers proactively promoting Spectrum Industries products. Understanding the concern that some resellers have with Spectrum Industries' direct sales history, Spectrum has developed the following reseller compensation program.

On registered projects, which were entirely initiated by a Spectrum Industries Approved Reseller, Spectrum will pay a 5% Project Initiation Commission when the end customer orders the registered project directly from Spectrum Industries.

### **General Terms**

To qualify for this commission a reseller needs to meet all of the following criteria:

- Reseller must be a Spectrum Approved Reseller.
- Reseller must have initiated the product interest with the end customer. Proof of initiation can be dated quotations, letters, e-mails, or other communications.
- The order is placed directly with Spectrum Industries.
- A Project Registration Form is completed and submitted within 30 days of Spectrum's receipt of order. Form is included on the back of this document.

The Project Initiation Commission will not be paid under the following conditions:

- The order is placed with a competing reseller.
- A Project Registration Form is incomplete or not submitted.
- It is discovered that another reseller, or a Spectrum Representative, initiated the interest.

### **Payment Terms**

- Spectrum will pay 5% commission on the product total only. No commission is paid on freight, installation, or other miscellaneous charges.
- Payment will be made approximately 30 days after customer payment of Spectrum invoice.

## Reseller Project Initiation Commission Registration Form

### Reseller Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Reseller: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### Project Location

Contact Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### Project Details

Date of Contact: \_\_\_\_\_ Product Interest: \_\_\_\_\_

Quotation Date: \_\_\_\_\_ Quotation Amount: \_\_\_\_\_

Project Scope: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Spectrum Internal Use Only

Territory Mgr Approval: \_\_\_\_\_ Date: \_\_\_\_\_

VP Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Quote Number \_\_\_\_\_ Invoice Number \_\_\_\_\_

PO Number \_\_\_\_\_ Invoice Amount \_\_\_\_\_

Sales Order Number \_\_\_\_\_ Commission Amount \_\_\_\_\_

*Forward Request, along with a copy of the PO and Invoice to Accounts Payable*