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### JSI Spiff Program Registration Form

Email: [accountsrec@jaspergroup.us.com](mailto:accountsrec@jaspergroup.us.com) or Fax: 812.771.4600 Attn: Accounting Department

#### Dealer Information

Account Number:  
Company Name:  
Street Address:  
City, State, & Zip:  
Email Address:  
Phone Number:  
Fax Number:

#### Salesperson's Information

Salesperson's Name:  
Social Security Number: JSI Accounting will call the salesperson to capture the SSN. Please do not include it on this form.  
Street Address  
City, State, & Zip  
Email Address:  
Phone Number:  
Fax Number:

DSR #:

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JSI must receive complete information for you to qualify for the Spiff Program.

This form substitutes for a W-9.

**You must clearly indicate "Spiff Program, the Salesperson's Name, & your DSR # when placing your purchase order.**

**Spiff is paid after the invoice is paid in full.**

**Spiff must be claimed prior to the product shipment.**



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