

2026 Dinnerware SPIFF Program

Earn SPIFF rewards on every new installation that meets the following criteria:

All Porcelain Dinnerware	For ALL new installations or conversions of Porcelain Dinnerware with a minimum order value of \$3,500 (dealer net), earn \$5.00 per dozen on items 6" or larger and earn \$2.00 per dozen on items less than 6". Custom decorated porcelain included. Kiln® Ovenware NOT included.
Catalyst® & Plate Covers	For ALL new installations or conversions of Catalyst® Dinnerware with a minimum order value of \$5,000 (dealer net), earn \$6.00 per dozen on items 6" or larger and \$2.00 per dozen on items less than 6". Earn \$2.00 per dozen on Plate Covers. Custom decorated Catalyst® included.

National accounts, custom projects and large orders that incorporate deviated pricing beyond normal discounts may be excluded. Please contact your FOH® Sales Manager if you have any questions on the eligibility of a project. Projects for which a SPIFF will be submitted must be approved by FOH® prior to receipt of purchase order. Only a member of FOH® Management is authorized to approve any SPIFF and should be contacted to receive approval prior to finalization of project. Only new installations are eligible for the SPIFF program. Reorders on previously installed items are not eligible. The original purchase order number and FOH® invoice number must be filled out on this form. Offer valid from 01/01/26 through 12/31/26. Completed form must be submitted within 90 days of dealer invoice. Please allow 4-6 weeks for processing.

**SPIFF eligible for payment after order has shipped complete and FOH® invoice has been processed and paid.
Any returns may result in reversal of SPIFF payment.**

Name of Property: <input type="text"/> Contact Person: <input type="text"/> Phone: <input type="text"/> Date of New Installation: <input type="text"/>	Address: <input type="text"/> City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/>
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Dealer/Distributor: <input type="text"/> Salesperson: <input type="text"/> Check payable to: <input type="text"/> If payable to a Salesperson, does FOH® have your W-9 on file? <input type="checkbox"/> If not, please attach a W-9 to your submission.	Check mailed to: <input type="text"/> Address: <input type="text"/> City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/>
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DSR Name: <input type="text"/> DSR Phone: <input type="text"/> DSR Email: <input type="text"/>	Customer PO#: <input type="text"/> FOH® Invoice#: <input type="text"/>
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Form 1099 required on all payments to an individual. All fields must be filled out in order for form to be processed.

PLEASE EMAIL COMPLETED FORM TO SUPPORT@FOH.CC OR FAX TO 305.757.7941

For FOH® use, please do not fill in.

Amount Eligible: <input type="text"/> FOH® Sales Rep: <input type="text"/> 1099 on File: <input type="text"/> Notes: <input type="text"/>	FOH® Sales Manger: <input type="text"/> Credit Memo: <input type="text"/> Check Number: <input type="text"/>
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