

# 2026 Soap Dispensers SPIFF Program

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

<b>Soap Dispensers</b>	For ALL new installations or conversions with a minimum order value of \$3,500 (dealer net), earn \$5 SPIFF per case. Included collections: Nassau, New York, Tokyo, Morocco, and Miami.
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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 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.**

<p><b>Name of Property:</b> <input style="width: 95%;" type="text"/></p> <p><b>Contact Person:</b> <input style="width: 95%;" type="text"/></p> <p><b>Phone:</b> <input style="width: 95%;" type="text"/></p> <p><b>Date of New Installation:</b> <input style="width: 95%;" type="text"/></p>	<p><b>Address:</b> <input style="width: 95%;" type="text"/></p> <p><b>City:</b> <input style="width: 95%;" type="text"/></p> <p><b>State:</b> <input style="width: 15%;" type="text"/> <b>Zip:</b> <input style="width: 25%;" type="text"/></p>
<p><b>Dealer/Distributor:</b> <input style="width: 95%;" type="text"/></p> <p><b>Salesperson:</b> <input style="width: 95%;" type="text"/></p> <p><b>Check payable to:</b> <input style="width: 95%;" type="text"/></p> <p><b>If payable to a Salesperson, does FOH® have your W-9 on file?</b> <input style="width: 100px;" type="checkbox"/></p> <p><b>If not, please attach a W-9 to your submission.</b></p> <p><b>DSR Name:</b> <input style="width: 95%;" type="text"/></p> <p><b>DSR Phone:</b> <input style="width: 95%;" type="text"/></p> <p><b>DSR Email:</b> <input style="width: 95%;" type="text"/></p>	<p><b>Check mailed to:</b> <input style="width: 95%;" type="text"/></p> <p><b>Address:</b> <input style="width: 95%;" type="text"/></p> <p><b>City:</b> <input style="width: 95%;" type="text"/></p> <p><b>State:</b> <input style="width: 15%;" type="text"/> <b>Zip:</b> <input style="width: 25%;" type="text"/></p> <p><b>Customer PO#:</b> <input style="width: 95%;" type="text"/></p> <p><b>FOH® Invoice#:</b> <input style="width: 95%;" type="text"/></p>

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.

<p><b>Amount Eligible:</b> <input style="width: 95%;" type="text"/></p> <p><b>FOH® Sales Rep:</b> <input style="width: 95%;" type="text"/></p> <p><b>1099 on File:</b> <input style="width: 95%;" type="text"/></p> <p><b>Notes:</b> <input style="width: 95%; height: 20px;" type="text"/></p>	<p><b>FOH® Sales Manger:</b> <input style="width: 95%;" type="text"/></p> <p><b>Credit Memo:</b> <input style="width: 95%;" type="text"/></p> <p><b>Check Number:</b> <input style="width: 95%;" type="text"/></p>
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