

Incentive Form

In order for you to receive prompt payment, all columns must be completed.

- 1) **ONE Incentive Form for each manufacturer and invoice.**
- 2) A copy of the manufacturer's invoice
- 3) **Kain-McArthur, Inc. must approve each Incentive Form in order to qualify by 12/15 of qualifying year**
- 4) Send completed information to: **info@kainmcarthur.com**

Dealer Name: _____ Manufacturer: _____

Invoice Date	Invoice Number	Invoice Amount	Model Number	Serial Number	Incentive Amount
Total					\$

NOTE: The IRS requires a 1099 form be issued on all amounts over \$600.00 annually.

Please make check payable to: _____

Please mail to: _____

Thank you. We appreciate your business and support.

OFFICE USE ONLY	Date Paid _____	Check # _____
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