

SPIFF PROGRAM REGISTRATION FORM

UNITED STATES AND CANADA



To enroll in the ESI Spiff Program, return this form to spiffs@esiergo.com.

PLEASE COMPLETE ALL FIELDS BELOW.

NAME: _____

TITLE: _____

HOME ADDRESS: _____

CITY: _____ STATE/PROVINCE: _____ ZIP: _____

COUNTRY: _____ SOCIAL SECURITY #: (U.S. ONLY) _____

COMPANY NAME: _____

EMAIL: _____

OFFICE PHONE: _____ MOBILE PHONE: _____

☐ I hereby verify that all information on this form is true and correct to the best of my knowledge

DATE: _____

PLEASE CHOOSE HOW YOU WANT TO RECEIVE SPIFF PAYMENTS.

☐ **Debit Card:** The debit card will be mailed to the address specified above
(Available only to those within the U.S.)

☐ **ACH Direct Deposit** *(Available for U.S. spiff earners. Those within Canada can use this option via a U.S. bank)*

☐ **Paper Check** *(available only to those within Canada)*

IMPORTANT: Spiffs must be claimed within 90 days of date ordered to be valid.