

Salesman's Name _____

Distributor's Name _____

MERIT DE-NIC SALES INCENTIVE PROGRAMSALESMAN VERIFICATION FORM
(SPOKANE)

Date	Store Information			Merit De-Nic Sold (# ctns)				Total Ctns Sold	# of Displays Placed/Amt Paid
	Name	Address	City	Flavor Low		Ultra Low			
				KS Reg	KS Men	KS Reg	KS Men		
<u>Total</u>								_____	_____

Original: PM USA Representative
 Duplicate: Account
 Triplicate: Retain