

## **HYDRO SYSTEMS SPIFF FORM - 2024**

YOUR NAME	COMPANY NAME
HOME MAILING ADRESS	BRANCH NAME (IF APPLICABLE)
OLTY OTATE TIP	VOUD GIOLATUDE
CITY, STATE, ZIP	YOUR SIGNATURE
COCIAL CECUPITY AND INDED	SALES REP NAME
SOCIAL SECURITY NUMBER	SALES REP NAME

MODEL#	DATE OF SALE	HYDRO INVOICE/ SALES OR PO#	INVOICE AMOUNT	SPIFF AMOUNT TO BE PAID

<u>METRO</u>		DESIGNER SEAMLESS FREESTANDING*	
Tub Only Airbath	\$200 \$275	Tub Only Airbath	\$150 \$200
DESIGNER		STON	
Tub Only	\$50	Tub Only	\$50
Airbath Whirlpool	\$100 \$100	Tub w/ System	\$100
Combo	\$150	SPECIAL OPTIONS	
Options (excludes Hydro E	\$5	Cold Plunge Indulge	\$200 \$100
Inst. Shower	•		Ψ.00

## Rules:

- 1. Spiff requests must be completely filled out & submitted within 60 days of invoice date
- 2. All spiff forms must be submitted with accompanying Hydro Systems Invoice
- 3. Special pricing, job quotes, Studio Collection & shower pans are excluded
- 4. \*Designer Seamless Freestanding are former Maestro bathtubs. Names, pricing, composition, and options are the same, only change is location within price book.

<u>Please E-Mail, Fax or Mail all completed SPIFF forms to Debbie Steinhardt at Hydro Systems</u>

Mail: 29132 Avenue Paine, Valencia, CA 91355 | Fax: 661-775-0668 | Email: debbie@hydrosystem.com