Date	Invoice No.	No. of Filters	_____ per Filter	Spiff this Sale
	Total			

WIX Filters Sold: _____

Total Spiff: _____

Counterman Signature: _____ Date: _____

Jobber Signature: _____ Date: _____

Warehouse Validation: _____ Date: _____

WIX Rep Validation: _____ Date: _____

Spiff _____ per filter for _____ days

WIX Filters Spiff Card

Name: _____

Jobber: _____

City: _____ State: _____

Total (All Cards) Spiff _____

Date	Invoice No.	No. of Filters	_____ per Filter	Spiff this Sale
	Subtotal			

Continued