

Incentive Form

In order for you to receive prompt payment, please give us the following:

- 1) Separate application form for each manufacturer
- 2) A copy of the manufacturer's invoice
- 3) Send completed information to: Kain-McArthur
 2000 E Prairie Cir
 Olathe, KS 66062

Dealer Name: _____ Manufacturer: _____

Model #	Serial #	Invoice #	Incentive Amt
		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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