



# TOP EQUIPMENT SPIFF PROGRAM REGISTRATION FORM

**This form must be completed by any TOP Equipment dealer salesperson that will be participating in our Scag spiff program.**

\_\_\_\_\_  
Dealership

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***Note: (A 1099 form will be processed on this program for amounts greater than \$600.)***

Please complete and return to:

TOP EQUIPMENT DISTRIBUTORS, INC.  
111 Halmar Cove - Georgetown, Texas 78628

OR FAX TO  
800-863-8673