

# 2023 TOUCHFREE DISPENSER PROMOTION

## DISTRIBUTOR ENROLLMENT FORM



Triple S is offering aggressive hanging allowances on Collections TouchFree and Collections Custom TouchFree Dispensers (4-pack refill systems):

- **\$7 per Collections TouchFree Dispenser**
- **\$5 per Collections Custom TouchFree Dispenser**

Distributor must register in advance to confirm participation by filling out this Enrollment Form and emailing to [tbasham@kutol.com](mailto:tbasham@kutol.com). All fields are required.



Additionally, Triple S is offering an incentive on our 4-Pack TouchFree Refills.

**5% incentive** – 25 cs – 124 cs

**6% incentive** – 125 – 249 cs

**7% incentive** – >250 cs

### DISTRIBUTOR/INSTALLER INFORMATION

Distributor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Sales Rep: \_\_\_\_\_ Rep. Company Name \_\_\_\_\_

Proposed Sales Meeting Date: \_\_\_\_\_ # of DSRs: \_\_\_\_\_ Samples/Literature Ordered: Yes  No

DSRs Participating in Promotion\*:

Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_ Location \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_ Location \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_ Location \_\_\_\_\_

\*If additional space is needed, please attach a separate sheet.

### TARGET END USERS

End User Name	Estimated # of Dispensers	Est # of Collections TouchFree	Est # of Collections Custom TouchFree
<b>Totals:</b>		x \$7/ea	x \$5/ea

### FOR INTERNAL USE

Approval for Participation: \_\_\_\_\_ Date: \_\_\_\_\_

# 2023 TOUCHFREE DISPENSER PROMOTION

## DISTRIBUTOR REIMBURSEMENT FORM



This form must be completed fully to receive hanging allowance credit — all fields are required. Submit with POD and previously approved Enrollment Form to [tbasham@kutol.com](mailto:tbasham@kutol.com) within 15 days of the close of the quarter.\*\*

### HANGING ALLOWANCE REIMBURSEMENT

**\$7 per Collections TouchFree Dispenser (4-pack refill system)**  
**\$5 per Collections Custom TouchFree Dispenser (4-pack refill system)**

Total # of Dispensers: \_\_\_\_\_ x \$7 & \_\_\_\_\_ x \$5 Total Amount  
to be Paid: \_\_\_\_\_

Rep. Signature (for credit memo approval)

Date

### PAYMENT INFORMATION

- Reimburse by credit memo to the distributor.
- Reimburse by check – information below is required for tax purposes. **MUST attach a W9 to be paid.**

Payee Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mail Check to the Attention of: \_\_\_\_\_ Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### FOR INTERNAL USE

Approval for Payment: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*POD required and MUST be submitted no later than 15 days after the close of a quarter to receive payment. PODs turned in after 15 days of quarter end will not be accepted. When turning in POD and Reimbursement Form, please also include approved Enrollment Form. POD must show each location purchased enough soap to fill the dispenser amount claimed. Once received and approved, credit will be issued within 30 days. PODs that don't fall within promo dates will not be accepted.

**Promo details:** Applies to new placements of dispensers on 4-pack refill platform only, minimum 20 dispensers. Subject to change based on deviated pricing. Promo ends December 31, 2023.