

## Competitor Trade-Out Spiff Request Form

### Purchase Information

Date \_\_\_\_\_ Purchase Order \_\_\_\_\_

System replaced \_\_\_\_\_

System ordered  NXT-Hg5-001-COMP  NXT-Hg5-MINI-COMP

Practice Name \_\_\_\_\_

Street Address \_\_\_\_\_

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

### Spiff Information

Dealer \_\_\_\_\_

Sales/Service Rep \_\_\_\_\_

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

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

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Please complete this form and submit to Solmetex along with the purchase order and photo of competitor system to:

Email: [orders@solmetex.com](mailto:orders@solmetex.com)

Fax: 508-393-1795

Dealer Cost for unit: \$250.00 Suggested Retail Cost for unit: \$399.00