



MAKERS OF THE ORIGINAL SWISS ARMY KNIFE

SALES INCENTIVE TRACKING FORM FOR SPIFFS

Complete in full before submitting

Date _____

Sales Associate _____

Phone _____

Store Name _____

Branch _____

Address check should be sent to: (Please indicate if using store's address)

Spiff Promotion _____

| | DATE | QTY. SOLD | STYLE # | BRIEF DESCRIPTION | ITEM PRICE | TRANSACTION # | SPIFF AMOUNT |
|-------|------|-----------|---------|-------------------|------------|-----------------------------------|--------------|
| 1 | | | | | \$ | | |
| 2 | | | | | \$ | | |
| 3 | | | | | \$ | | |
| 4 | | | | | \$ | | |
| 5 | | | | | \$ | | |
| 6 | | | | | \$ | | |
| 7 | | | | | \$ | | |
| 8 | | | | | \$ | | |
| 9 | | | | | \$ | | |
| 10 | | | | | \$ | | |
| 11 | | | | | \$ | | |
| 12 | | | | | \$ | | |
| 13 | | | | | \$ | | |
| 14 | | | | | \$ | | |
| 15 | | | | | \$ | | |
| 16 | | | | | \$ | | |
| 17 | | | | | \$ | | |
| 18 | | | | | \$ | | |
| 19 | | | | | \$ | | |
| 20 | | | | | \$ | | |
| TOTAL | | | | | | Amount Expected on Spiff Check | \$ _____ |

Manager's Signature _____

Date _____

Mail to: Swiss Army Brands, Inc
Sales Incentive Program
2047 Westport Center Dr
St. Louis, MO 63146

Or Fax to: 888-882-8127