



We would like to participate in the CDC Distributors travel program below and have given our CDC Distributors territory manager the required cash deposit.

Please sign us up for: *(Please check all that apply. Please type or print all information.)*

New Zealand, October 10-21, 2023

- Double Occupancy at 70,500 points per couple, or Single (room alone) at 45,400 points per person. _____
- _____ Extra passengers, as child (11 yrs and younger) at 28,200 points per person. _____
- United "Premier Plus" Seat Upgrade at 8,800 points per person. _____
- Economy Comfort Seat Upgrade at 4,600 points per person. _____

- Departure City:**
- Cleveland, OH
 - Cincinnati, OH
 - Columbus, OH
 - Dayton, OH
 - Detroit, MI
 - Grand Rapids, MI
 - Evansville, IN
 - Indianapolis, IN
 - Louisville, KY
 - St. Louis, MO
 - Other: *(Surcharge may apply)* _____

**Total
Point Objective**

The maximum number of people allowed to occupy a room is three (3), comprised of two adults and one child.

Please type or print all information.

Note: All information will be sent to the home address unless otherwise indicated.

Business Name: _____ Account Number: _____

Participant #1 Name: *(As it appears on your Passport):* _____ Birth Date: ____/____/____

Participant #2 Name: *(As it appears on your Passport):* _____ Birth Date: ____/____/____

Participant #3 Name: *(As it appears on your Passport):* _____ Birth Date: ____/____/____

Home Address: _____ Apt. No: _____

City: _____ State: _____ Zip: _____

Business Address: _____ Suite No: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

E-mail Address: _____

Trip Points: As a "Premier Dealer", CDC Distributors will award 2% of your total sales volume as Bonus Points from your first dollar of purchase.

DIRECT CONTAINER SHIPMENTS WILL BE EXCLUDED FROM SALES TOTALS AND WILL NOT EARN BONUS POINTS.

Note that CDC Distributors includes cushion and underlayment in the points reward. Points have NO CASH value, and are awarded on completed trips only. Points are valid for the current years program(s) only and cannot be rolled forward to future trips.

Open Accounts: All open accounts must be in good standing with the CDC credit department. No travel documents will be sent without credit department approval.

Tax Obligations: All trips earned do not include any income tax that may become due. CDC Distributors is required to send an IRS Form 1099 to participants based on current IRS regulations.

Responsibility: CDC Distributors, it's agents, contractors, and suppliers and their parent, subsidiary, and affiliated companies maintain no control over those who participate in the various incentive trips, and shall not be liable for any injury, damage, loss, expense, accident, inconvenience or other liability caused by participation in this incentive program.

I certify that we are a: *(A selection is required. Indicate only one. For Corporations or LLC's please include your Federal Employers ID number. For Partnerships or Sole Proprietorships, please include your Social Security number.)*

Corporation, or LLC
 Federal Employers ID: _____

Partnership, or Sole Proprietorship
 Social Security Number: _____

Signature: *(required)* _____ Printed Name: _____ Title: _____ Date: _____



Please indicate your special pricing choices from the options below.

- Option #1** - Please add the following overbill amounts to my purchases: *(Please indicate only those product groups to increase.)*
Note that (Plan "B" Doubles all Amounts of Plan "A")

PRODUCT	Plan "A"	Plan "B"
Beauflor Vinyl	<input type="checkbox"/> \$0.25 Yard	<input type="checkbox"/> \$0.50 Yard
Carpet Broadloom and Tiles	<input type="checkbox"/> \$0.25 Yard	<input type="checkbox"/> \$0.50 Yard
Cushion	<input type="checkbox"/> \$0.25 Yard	<input type="checkbox"/> \$0.50 Yard
Beauflor LVT	<input type="checkbox"/> \$0.10 Sq/Ft	<input type="checkbox"/> \$0.20 Sq/Ft
Nox LVT	<input type="checkbox"/> \$0.10 Sq/Ft	<input type="checkbox"/> \$0.20 Sq/Ft

PRODUCT	Plan "A"	Plan "B"
LG LVT	<input type="checkbox"/> \$0.10 Sq/Ft	<input type="checkbox"/> \$0.20 Sq/Ft
Laminate	<input type="checkbox"/> \$0.10 Sq/Ft	<input type="checkbox"/> \$0.20 Sq/Ft
Timeless Designs Wood	<input type="checkbox"/> \$0.10 Sq/Ft	<input type="checkbox"/> \$0.20 Sq/Ft
Timeless Designs Rigid Core	<input type="checkbox"/> \$0.10 Sq/Ft	<input type="checkbox"/> \$0.20 Sq/Ft
Schonox	<input type="checkbox"/> \$2.50 Bag	<input type="checkbox"/> \$5.00 Bag

- Option #2** - I would like the percentage amount indicated to be added to **all** of my purchases:

1% 2% 3% 4% 5%

- Option #3** - Please keep me on my current special pricing program.

Dealer Initials are Required

Dealer Initials: _____

Date: _____

Eligibility: All customers served by CDC Distributors are eligible to participate.

Enrollment: Any customer wishing to participate in this program must complete an enrollment form and place a deposit.

Deposits: A non-refundable deposit is required with each enrollment form. This deposit will be applied to your trip account once your trip is completed. The deposit is **\$1,000 per couple**.

Promotional Period: September 1, 2021 - June 30, 2023 (22 Months)

Travel Dates: Tuesday, October 10 - Saturday, October 21, 2023

Proof of Citizenship: All U.S. citizens must have a round-trip airline ticket, and a U.S. passport valid for at least three (3) months beyond the planned date of departure from New Zealand (October 21, 2023). U.S. citizens are also required to obtain a New Zealand Electronic Travel Authority (NZeTA) visa.

Cancellations: Any customer wishing to drop out of this program may do so. The following cancellation schedule will apply. Bonus points contributed by CDC are not refundable and may not be used to cover any cancellation charges. Remaining points will be held in your trip account for future trips or refunded on request.

Enrollment to October 10, 2022	Deposit*
October 11, 2022 to January 10, 2023	\$700 Per Person + Deposit*
January 11 to April 10, 2023	\$1,100 Per Person + Deposit*
April 11 to July 10, 2023	\$1,900 Per Person + Deposit*
July 11, 2023 to Operation	100% of Trip Cost*

* These amounts are in addition to costs for any special arrangements previously made on your behalf.

Additional Information: Please visit our travel website www.cdcdistravel.com for information.

I acknowledge that I have read and agree to the program rules and authorize the special overbill pricing above. Furthermore, I understand that should I drop from the program, I will be responsible for any cancellation penalties incurred on my behalf.

Point quotas in this agreement are based on rates and tariffs in effect as of September 1, 2021. CDC Distributors, Inc. reserves the right to increase your point quota in the event said rates and tariffs increase at any time from enrollment to trip operation.

Signature: (required) _____ Title: _____ Date: _____

For Internal Use Only

Territory Manager: _____ Branch: _____ Date: _____ ID#: _____

Deposit: Amount: _____ Paid Via: Check# _____ Bill Customer Account Order / Ref# _____