

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.)*

**Los Cabos**, February 21-26, 2019

- Double Occupancy at 29,500 points *per couple*, or  Single (*room alone*) at 20,200 points *per person*. \_\_\_\_\_
- \_\_\_\_\_ Extra passengers, as adult (*13 yrs and older*) at 11,800 points per person. \_\_\_\_\_
- \_\_\_\_\_ Extra passengers, as child (*12 yrs and younger*) at 9,100 points per person. \_\_\_\_\_
- \_\_\_\_\_ Additional Night(s) in Los Cabos at 3,000 points *per night*. \_\_\_\_\_

**Special Request** *(Please Specify):* \_\_\_\_\_

- Departure City:**  Cleveland, OH     Cincinnati, OH     Columbus, OH     Dayton, OH  
 Detroit, MI     Grand Rapids, MI     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 four (4), comprised of two adults and two children.

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

**Please type or print all information.**

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: \_\_\_\_/\_\_\_\_/\_\_\_\_

Participant #4 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:** CDC Distributors will award points as follows:

- **1%** of your total sales volume will be awarded as Bonus Points.
- **Additional 1%** of your sales volume will be awarded if you exceed last year's sales.

**Remember that CDC Distributors includes cushion and underpayment** in the points reward. Points have NO CASH value, and are only awarded on completed 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, its 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.)*

Tarkett Vinyl	\$ _____ / sq.yd.	LV Tile/Plank	\$ _____ / sq. ft.	Wood	\$ _____ / sq. ft.
Azrock VCT	\$ _____ / ctn.	Nafco Tile/Plank	\$ _____ / ctn.	Timeless Designs (LV Tile/Plank)	\$ _____ / sq. ft.
Carpet	\$ _____ / sq.yd.	Laminate	\$ _____ / sq. ft.	Timeless Designs (Laminate)	\$ _____ / sq. ft.
Cushion	\$ _____ / sq.yd.	Ceramic	\$ _____ / sq. ft.	Timeless Designs (Hardwood)	\$ _____ / sq. ft.
Beauflor	\$ _____ / sq.yd.	Plywood		Ceramic	
		Underlayment	\$ _____ / sheet	Underlayment	\$ _____ / sheet
Other	\$ _____ / _____				

*Dealer Initials are Required*

**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: \_\_\_\_\_  
 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 **\$250 per couple**.

**Promotional Period:**     **Los Cabos:** September 1, 2017 - December 31, 2018 (16 Months)

**Travel Dates:**             **Los Cabos:** Thursday, February 21 - Tuesday, February 26, 2019

**Proof of Citizenship:** All U.S. citizens must have a round-trip airline ticket, and a valid U.S. passport to travel.

**Cancellations:** Any customer wishing to drop out of this program may do so. The following cancellation schedule will apply. Bonus points contributed 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.

**Los Cabos**

Enrollment to February 19, 2018	Deposit
February 20 to July 19, 2018	\$80 Per Person + Deposit
July 20 to September 19, 2018	\$250 Per Person + Deposit
September 20 to November 19, 2018	\$550 Per Person + Deposit
November 20 to December 19, 2018	\$850 Per Person + Deposit
December 20, 2018 to Operation	100% of Trip Cost

**Additional Information:** Please visit our travel website [www.cdcdistravel.com](http://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, 2017. 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# \_\_\_\_\_