

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.)*

Cap Cana, February 13-18, 2020

- Double Occupancy at 30,400 points *per couple*, or Single (*room alone*) at 20,800 points *per person*. _____
- _____ Extra passengers, as adult (*13 yrs and older*) at 11,400 points per person. _____
- _____ Extra passengers, as child (*12 yrs and younger*) at 9,600 points per person. _____
- _____ Additional Night(s) in Cap Cana at 3,300 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.

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 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: **Cap Cana:** September 1, 2018 - December 31, 2018 (16 Months)

Travel Dates: **Cap Cana:** Thursday, February 13 - Tuesday, February 18, 2020

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 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.

Cap Cana	
Enrollment to May 11, 2019	Deposit
May 12 to August 11, 2019	\$250 Per Person + Deposit
August 12 to October 11, 2019	\$500 Per Person + Deposit
October 12 to December 11, 2019	\$1,100 Per Person + Deposit
December 12, 2019 to Operation	100% of Trip Cost

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, 2018. 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# _____