



Knú LLC
 dba La-Z-Boy Healthcare
 PO Box 9
 Ferdinand, IN 47532
 Telephone: (812) 367-2068
 Email: sales@getknu.com

E-Z Bucks Enrollment & Maintenance Form

Please Email Completed Form

Please fill out completely, incomplete forms will not be processed.

Dealership Name: _____

Knú/La-Z-Boy Contract Account Number: _____

Full Legal Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number (including extension): _____ Fax Number: _____

E-mail address: _____

Please list changes made : _____

I hereby authorize Knú, LLC to initiate credit entries and, if necessary debit entries and adjustments for any credit entries to my Checking _____ or Savings _____ account indicated below at the depository named below, to credit and/or debit the same to such account.

Bank Name: _____

Routing Number: _____ Account Number: _____

This authorization is to remain in full force and effect until Knú, LLC has received written notification from me of its termination in such time and in such manner as to afford Knú, LLC and the depository a reasonable opportunity to act on it. Reps are responsible for updates on personal information.

Name (print): _____ SSN: _____

Date: _____ Signature: _____

****Please provide voided check from personal account to avoid possible delays of payment****

Terms and Conditions for the E-Z Bucks Awards Program

1. E-Z bucks award program is intended for individual sales persons only and not a company wide account basis. Individual responsible for updates on personal information.
2. This program applies to Seating product found in our Price List
3. **Payable in the amount of \$10 per Seat.** **Note: Sleep Sofas are worth two seats.
4. **Excluded products include: Tables, Benches, Ottomans**
5. Orders receiving additional discounting may not be eligible for spiff.
6. This completed form must be submitted, **Via Email**, and **received within 14 days** of the order entry date. We are unable to extend the award offer after this deadline
7. Awards are funded monthly via ACH transfer on the 15th of the month following the shipment of the order.
8. Spiff Participant will receive a Form 1099-MISC from Knú LLC in accordance with IRS Instructions.

Participant Signature: _____