

# 2019 Customer Trip



TRI-STATE WHOLESALE  
FLOORING, INC.



*Riviera Maya, Mexico*



## Passenger Registration Form

Please fill out the passenger information for every person planning to attend the 2019 Customer Appreciation Vacation happily organized by Tri-State Wholesale Flooring, Inc. Please email the completed form to [info@tsf.com](mailto:info@tsf.com) or print and mail the form to **Tri-State Wholesale Flooring, PO Box 1841, Sioux Falls, SD 57101-1841**. If you have any questions, please call us at **605.336.3080** or toll-free at **1.800.353.3080**.

**Preferred Dates:**  February 23 – March 2, 2019 (Sat. – Sat.)  February 24 – March 3, 2019 (Sun. – Sun.)

*\* Alternate travel plans are available. Please contact us to schedule.*

**Store Name:** \_\_\_\_\_ *Passenger 1 will be primary contact for trip information.*

**Passenger Information:** Print name **EXACTLY AS IT APPEARS** on your **PASSPORT**, including your first, middle and last name.

**Passenger 1:**  Male  Female **Name:** \_\_\_\_\_  
*First Middle Last*

**Address:** \_\_\_\_\_  
*Street Address City State Zip*

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Passport Number:** \_\_\_\_\_ **Issue Date:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_  
*\* Must not expire before September 2, 2019.*

**Frequent Flyer Number:** \_\_\_\_\_  Delta  American Airlines  United Airlines

**Airline Seat Preference:**  Window  Aisle **Hotel Room Preference:**  King Bed  Double Queen Beds

**tsf.com**

**605.336.3080 • toll-free 1.800.353.3080**



# TSF Trip Fund

**Let us help you save money for your trip!** Please look at the options below and select which one works best for you. If you have any questions, please contact your Territory Manager or call us at **605.336.3080** or toll-free at **1.800.353.3080**.

Retail Store Name \_\_\_\_\_ Account Number \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**OPTION A:** What percentage would you like added to each invoice?

**%**

**OPTION B:** TRIP FUND (Please write product, %/\$ of order and units of measure.)

Product	Unit of Measure	%/\$

**DATE TO BEGIN TRIP FUND DEPOSITS** \_\_\_\_\_

DEALER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

TERRITORY MANAGER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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