

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY

Parent Number: _____ Sold to Customer Number: _____

Dealer Name: _____
(First, Last)

Contact Name: _____

Street Address: _____

City: _____

State: _____ Zip Code: _____

1. Animal Information

1. Animal Specie _____
See back for eligible species.

2. # of Animals Owned _____
See back of form for minimum by specie

3. # of Days on Trial _____

4. # of Animals on Trial _____
Total # of the above species owned

2. Animal Assessment

Describe the animals' condition before the trial and the improvements after the trial (i.e. appearance, cost/day, cost/lb of production)

1. Pre-Trial Assessment: _____

2. Post-Trial Assessment: _____

On a scale of 1-10, being very satisfied and 1 being very unsatisfied, how would you rate the results of this trial (circle one): 1 2 3 4 5 6 7 8 9 10

3. Trial Details

Product Fed:

(See back for qualifying products)

Amount Fed:

(Total in the time frame of the trial)

Free Feed or Money Back:

(Pick one—See back for details)

Owed to Dealer:

(From selling support fund - Paid at 100%)

\$ _____

All Selling Support Funds are reimbursed at 100%.

Claims will be reimbursed up to the Selling Support Funds available in your account.

Selling Support Program Reimbursement



2017
**Business
Builder**

Trials

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY.

1. Complete one form for each location. Reimbursement will come in the form of a credit to your account.
2. Dealer and Sales Specialist complete this form.

Today's Date

Dealer's Authorized Signature

Purina Animal Nutrition LLC Sales Specialist Signature

Purina Animal Nutrition LLC Area Sales Manager Signature

3. Send to the Area Sales Office for Area Sales Manager approval.

4. Area Sales office check receipts against amount requested. FORM MUST BE SIGNED BY AREA SALES MANAGER.
5. For credit reimbursement, COMPLETED FORM AND SUPPORTING DOCUMENTS must be submitted.

SALES USE ONLY

Return this form to:

Mail:

Purina Animal Nutrition LLC
P.O. Box 66812
St. Louis, MO 63166
ATTN: Business Builder

Fax:

FAX: (651) 234-8493
ATTN: Business Builder

To receive reimbursement on this trial you must meet the following requirements:

- Only one specie per trial/sheet.
- Customer must be a new customer. Defined as a person you've not done business with in the past 6+ months.
- Field Research Trial form must be filled out in its entirety including the customer's signature.
- Minimum Head: You must meet the minimum amount of animals on this trial to receive reimbursement.
- Minimum Days of Trial: There is a minimum number of days that it takes to "see the difference" in animals on a new nutrition program. Below are the minimum days for these trials in relation to the specie.

Eligible Species	Minimum # of Head on Trial	Minimum Days of Trial
Cattle	25	45
Horse	10	90
Show Cattle	4	90
Show Pigs	6	90
Show Lambs	6	90
Show Goats	6	90
Show Chickens or Turkey	6	90
Deer	15	90
Goats: Dairy or Meat	10	60
Rabbits	10	60

- **Free Feed or Money Back** – You must use one of these options to be reimbursed for this trial.
 - **Money Back:** Offer \$/head at the end of the trial (ex: \$30/head upon completion of the trial) – This works well for small to medium sized prospects.
 - **Free Feed:** Offer free feed up front to get the customer started (ex: 1,000 lbs of free feed to get started) – This works well for medium to large size prospects.
 - **Free Feed:** Offer free feed throughout the trial (ex: buy 8 tons, receive 1 ton free throughout the length of the trial) – This works well for large to extra large size prospects.

Eligible Products

QUALIFIED PRODUCT LIST WITH THE EXCEPTION OF COUNTRY ACRES® AND CROSSROADS®

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