

*Parent Number: _____ *Sold to Customer Number: _____

*Dealer Name: _____

*Contact Name: _____
(First, Last)

*Street Address: _____

*City: _____

*State: _____ *Zip Code: _____

* Denotes Required Fields

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%)

\$ _____

PURINA® 2016 BUSINESS BUILDER

SELLING SUPPORT PROGRAM REIMBURSEMENT - Trials

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY.

Each Location must complete one form.
Reimbursement will come in the form of
a credit to your account.

SEE BACK OF THIS FORM FOR REQUIREMENTS, REIMBURSEMENTS AND ELIGIBLE PRODUCTS.

INSTRUCTIONS: Dealer and Sales Specialist
complete this form and send to the Area Sales
Office for Area Sales Manager approval. Area
Sales office check receipts against amount
requested. FORM MUST BE SIGNED BY AREA
SALES MANAGER. For credit reimbursement,
COMPLETED FORM AND SUPPORTING
DOCUMENTS should be sent to:

MAIL: Purina Animal Nutrition LLC
P.O. Box 66812
St. Louis, MO 63166
ATTN: Nancy Mogelnicki

FAX: (651) 234-8493
ATTN: Nancy Mogelnicki

Today's Date _____

Dealer's Authorized Signature _____

Purina Animal Nutrition LLC Sales Specialist Signature _____

All Selling Support Funds are reimbursed at 100%.

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

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.
- 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
Dogs	6	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

PURINA®

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*CUSTOMER: By signing the front of this voucher I hereby grant authority to Purina Animal Nutrition LLC to publish my name, publish photographs of myself and my property and to utilize any and all material I furnish to them as they see fit. This authority shall be valid until revoked by me in writing. Revocations shall not affect any material previously prepared and/or utilized by Purina Animal Nutrition LLC.