

## DUTY FREE COMMISSION PAYMENT INQUIRY FORM

### WHOM TO CONTACT

Customer Service DFISS Group  
555 Ne 185th Street, Suite 101  
Miami Fl 33179

E-mail: customerservice@dfassgroup.com  
Phone: 1-888-388-9373  
Fax: 305-654-3393

### YOUR CONTACT INFORMATION

Name	:	<input type="text"/>	Employee #	:	<input type="text"/>			
Address	:	<input type="text"/>	Airline	:	<input type="text"/>	Base	:	<input type="text"/>
Address 1	:	<input type="text"/>						
City	:	<input type="text"/>	State	:	<input type="text"/>	Zip Code	:	<input type="text"/>
Country	:	<input type="text"/>						
Phone	:	<input type="text"/>						
Email	:	<input type="text"/>						

### DETAILS OF YOUR INQUIRY

Update my Contact Information	:	<input type="checkbox"/>		
Flight(s) left off my commission statement	:	<input type="checkbox"/>		
Shortage/miscalculation of my commission	:	<input type="checkbox"/>		
Request for replacement commission check	:	<input type="checkbox"/>		
<input type="checkbox"/> Lost		<input type="checkbox"/> Stolen		<input type="checkbox"/> Never received
Specify commission period				
Year	:	<input type="text"/>		
Quarter:	<input type="checkbox"/> Jan/Mar	<input type="checkbox"/> Apr/Jun	<input type="checkbox"/> Jul/Sep	<input type="checkbox"/> Oct/Dec
* DFISS will not verify receipt of this inquiry				
* All stated amounts are subject to verification by DFISS				
* Inquiries must be sent within 30 days of receipt of commission checks				

Flt #	Flt Date	Segment	Position	Amount paid	Expected commission	Reported Sales