



Language Preference:  English  French

Bill To # (for internal use only): \_\_\_\_\_

**New Account Application**

Operating Name (if different): \_\_\_\_\_

Mailing/ Billing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Website: \_\_\_\_\_

Federal ID #: \_\_\_\_\_ GST #: \_\_\_\_\_

Dun & Bradstreet Acct #: \_\_\_\_\_ Sales Tax #: \_\_\_\_\_

**Contact Information**

Accounting Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Purchasing Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Principal Owner/Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

**Trade References**

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Email/Fax: \_\_\_\_\_

Phone (no 800#'s) \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Email/Fax: \_\_\_\_\_

Phone (no 800#'s) \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Email/Fax: \_\_\_\_\_

Phone (no 800#'s): \_\_\_\_\_

**Banking Information**

Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Branch Address: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email/Fax \_\_\_\_\_

I/We hereby certify that the above information is true. I/We authorize verification of the above facts from time to time to establish and maintain credit privileges.

Controller/ VP of Finance/ CFO: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Dimplex Dealer and Distributor Network Form

Access the Dealer Distributor Network (DDN) (<http://partner.dimplex.com>) to take advantage of the following features:

**Purchasing Made Easy! Choose, Order and Track, with no wait times!**

**Marketing Support On-demand! Product Information, Images, Price Lists, Brochures right at your fingertips!**

Glen Dimplex Americas will provide 1 initial set up as the Site Administrator. The Site Administrator is responsible for set up and maintenance of the users for your company. They are also able to set the access that each user is granted.

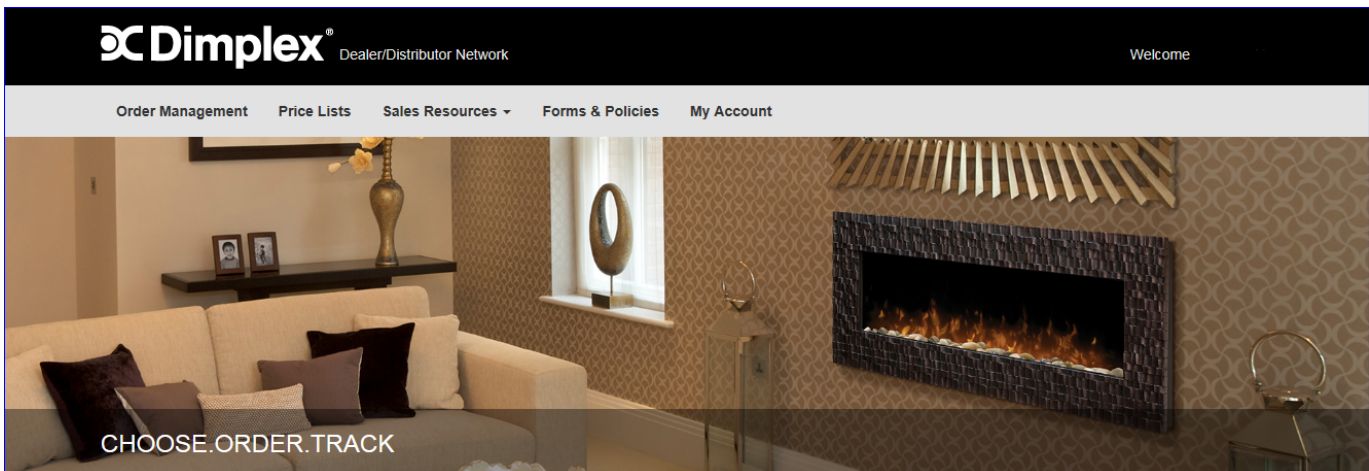
Once the Administrator account is set up, you will receive an email with your log in and password.

Site Administrator			
First Name	Last Name	Email Address	E-Commerce Access

\*If the site administrator is no longer with the company, Glen Dimplex Americas must be notified of change and given the name of the newly appointed administrator within two days.  
Please notify Customer Service at 1-877-362-1101

Site Administrator

Date





## ORDERING REQUIREMENTS FORM

Ordering Method of Submission:    DDN    EMAIL    EDI  
 \*If EDI, please fill out below EDI Questions

Is there an Ordering Portal?    Yes    No

If yes, please provide:                      Website:    Log in:    Password:

Does the customer use their own abbreviations in combination with the Vendor Sku Numbers?    Yes    No

\*If yes, please provide the Sku List with abbreviations/synonyms used.

### Customer EDI Onboarding Checklist

	Who is your EDI provider or VAN
	What is your ISA Qualifier / ID
	What is your GD Qualifier / ID
	Have you sent your EDI specifications?
	Do you have a routing guide?
	Do you order Kits? Or Component items?
	Do you require Customer Packing Slips?
	Do you trade the following EDI Document(s)?  A. 850 Purchase Order B. 855 PO Ack C. 860 PO change D. 865 PO change Ack E. 856 Advance Shipment Notice F. 810 Invoice G. 753 routing request H. 754 Routing Information I. 846 Inventory Feed J. 870 Order Status Updates K. 864 Text Message L. 852 Point Of Sale Data M. 820 Remittance Advice N. 812 Debit adjustment Advice O. 824 Invoice Errors P. Any other transactions (if so, please list)



**Customer Shipping Requirements Form**

Please provide the following information in order to ensure your goods are properly shipped and received.

Ship to Name: Contact :  
 Shipping Address: Email:  
Telephone:

Please provide receiving hours for the shipping address listed above

Day	Time	Tail Gate	Appointment
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

\* If a tail gate is required, extra charges may apply

Please provide a name and number of the person who will need to be contacted in order to book a delivery appointment. (NOTE: if this information is the same as above, please leave blank)

Contact Name: Email:  
 Phone:

Please Select Shipping Terms: Collect Pre Paid Third Party Shipper:  
 Please confirm if shipping labels are required: Yes No Account #

If yes, please provide detailed instructions:

Does customer has a Shipping (or 3rd Party) Portal: Yes No  
 If yes:

Website: Login: Password:

Please confirm if customer requires Drop Ships: Yes No  
 (If yes, please complete the below)

Indicate type of customer drop shipping to: Residential Commercial

If yes, Is VICS BOL Required? Yes No