

Showroom Flooring Program Credit Request Form

Customer Name / Distric	outor Name:						
SAP Account / Sold-to:*		Submitted By*: (Enter email address of person completing form)		on completing form)	Phone #:		
Ship-to Account Number:		Reference Number/Name:					
Showroom Details (Ne		lers): ent or proposed showroo	nm displays ir	order to receive t	he correct credit		
5+ Display Units (Preferred Partner) Receive 80% credit on samples		3-4 Display	3-4 Display Units (Premium Partner) Receive 70% credit on samples		1-2 Display Units Receive 50% credit on samples		
Product(s) claimed:							
Dimplex Sales Order #	P0 #	Item #	Quantity	Installation Date	Purchase Price	Credit Amount	
					\$	\$	
					\$	\$	
					\$	\$	
					\$	\$	
					TOTAL	Ψ	
Phone:			_ Email:				
Street Address:							
City:			State/Prov:		Zip/PC:		
Existing Dealer: Yes	No						
If No, is this a New or Conversion Dealer: * Note: Please complete separate forms for each location. Program is app.			_ Indicate Competitor:				
Yes **I have read and	agree to the program	policies		Drogram	offective date: lan 1	0022	
Customer Signature**:				- Dimplex	 Program effective date: Jan 1, 2022. Dimplex reserves the right to change or cancel this program at any time. 		
Date:				Please	email this comp	leted form to	
Dimplex Regional Manager Signature:					Please email this completed form to your Dimplex regional manager		
Date:				<u></u>	(S) A BRAND OF GLEN DIMPLEX AMERICAS		