



# Showroom Flooring Program Credit Request Form

Customer Name / Distributor Name: \_\_\_\_\_

SAP Account / Sold-to:\* \_\_\_\_\_ Submitted By\*: \_\_\_\_\_ Phone #: \_\_\_\_\_  
(Enter email address of person completing form)

Ship-to Account Number: \_\_\_\_\_ Reference Number/Name: \_\_\_\_\_  
(to be completed by GD Americas)

**Showroom Details (New and Existing Dealers):**  
Check the program that reflects the current or proposed showroom displays in order to receive the correct credit.

**5+ Display Units** (Preferred Partner)  
Receive **80% credit** on samples

**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 #	PO #	Item #	Quantity	Installation Date	Purchase Price	Credit Amount
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
<b>TOTAL</b>						

### Installation Location(s)

Dealer Name\*: \_\_\_\_\_

Services:  Design Consulting  Installation Services  Repair Services

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

Showroom Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip/PC: \_\_\_\_\_

Existing Dealer:  Yes  No \_\_\_\_\_

If No, is this a New or Conversion Dealer: \_\_\_\_\_ Indicate Competitor: \_\_\_\_\_

*\* Note: Please complete separate forms for each location. Program is applicable to each location separately.*

Yes *\*\*I have read and agree to the program policies*

Customer Signature\*\*: \_\_\_\_\_

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

Dimplex Regional Manager Signature: \_\_\_\_\_

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

- Program effective date: Jan 1, 2022.

- Dimplex reserves the right to change or cancel this program at any time.

**Please email this completed form to your Dimplex regional manager**