Dimplex®

Customer Purchase Order Form

LOCATIONS

Showroom Name: _____ Purchase Order #: _____

Ship to Location: _____

Showroom Location (if different): _____

Receiving Hours: _____ Requested Ship Date: _____

Appointment Required? ○ Y ○ N Dock? ○ Y ○ N

Liftgate Required? ○ Y ○ N

CONTACTS

Receiving Contact Name: _____ Email: _____

Payment Contact Name: _____ Email: _____

ORDER ITEMS

Item	QTY	Cost

NOTES & PRICING

Discount (%): _____

Terms: *Cash in Advance* Freight: *Prepaid*

Notes:

AUTHORIZATION

Authorized Signature: _____ Date: _____

Name / Title (Print): _____

Submit completed form to: displayorders@glendimplexamericas.com | Form date: 2026-02-27