

Customer Name / Distributor Name: _____ Bill Code: _____

Submitted By: _____ Phone #: _____

Contact Name: _____ Email: _____

Product(s) claimed:

Sales Order #	PO #	Item #	Qty	Installation Date	Purchase Price	75% Credit Amount
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$

Installation Location(s)

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Dealer Name: _____

Services: Installation Services Repair Services

Website: _____

Showroom Name: _____

Contact Name: _____

Phone: _____ Email: _____

Street Address: _____

City: _____ State/Prov: _____ Zip/PC: _____

Existing Dealer: Yes No

Customer Signature: _____

Date: _____

National Sales Manager Signature: _____

Date: _____

**PROMO CODE:
TRISTATE24**

**Please email this complete form and images to your
Distributor Representative or Dimplex Representative**

Credit forms and installation images are accepted until August 31st, 2024.

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

FOR OFFICE USE ONLY

Billing Account # _____