

BUSINESS LIGHTING APPLICATION

Instructions for Co-op: Prior to the audit, please review current lighting program guidelines.

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Company Name:		Date:		
Address:		Co-op Account #		
City, State, Zip:		Phone:		
Business Tax Status:Co	rporationPartnershipIndividua	al/Sole PropExempt (tax-ex	empt, non-profit)	
Tax ID Number (EIN	Federal Tax IDSSN) #			
income to you on IRS Form 1 responsible for any taxes that	es may be taxable and if greater than \$099 unless you have identified yourself may be imposed on you as a result of Save strictly adheres to the privacy polic	f as a corporation or as tax exempthe incentive/rebate. Associated E	t. Cooperative is not	
	hGovernmentGroceryHea (specify)C			
NAICS Code				
Contact Name:				
Signature of company repr	esentative:	Date:		
COOPERATIVE INFORMA	ATION (Please Print) <insert cod<="" td=""><td>perative name></td><td></td></insert>	perative name>		
VERIFICATION OF EXIST	ING & NEW LIGHTING FIXTURES	;		
	ed the required pre & post lighting a s listed on the lighting inventory sp		ve and that the	
Signature of cooperative employee: Date:			· 	
For RUS/CFC reporting red	quirements:<1,000 kVA or;	>1,000 kVA		
All invoices/receipts and spapplications will be returned	pecification sheets (if necessary) Mod.	JST be included with this appli	cation. Incomplete	
Total kWh Savings	Annual \$ kWh Savings	TC&S Rebate		

Eligibility Criteria:

Total Fixture Cost

Must be a member of the cooperative; must have 10 or more fixtures to qualify; total rebate per member per year of \$30,000; receipts must accompany application; rebate cannot exceed 40% of total capital cost of the new lighting equipment.

Estimated Payback (Yrs)

Co-op Rebate (if app.)

Total Rebate Amount