Efficient Product Rebates

After You Buy

Complete this application if your business has purchased and installed qualifying products within the last 90 days.

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Business Name:	isiness Name:					
Business Contact Name:	Position:					
Phone:	Fax:					
Contact Email:						
Mailing Address:						
City/Town:	Postal Code:					
Address where products were installed (if different from above):						
City/Town:	Postal Code:					
Installation Information Is this project? New Construction Existing I Date Products Installed: Company Installing Products: Installer Contact Name and Title:	Building Retrofit					
Is this project? New Construction Existing Date Products Installed: Company Installing Products:	Building Retrofit					
Is this project? New Construction Existing Date Products Installed: Company Installing Products: Installer Contact Name and Title:	Building Retrofit					
Is this project? New Construction Existing Date Products Installed: Company Installing Products: Installer Contact Name and Title: Installer Phone:	Building Retrofit					
Is this project? New Construction Existing Date Products Installed: Company Installing Products: Installer Contact Name and Title: Installer Phone:						
Is this project? New Construction Existing Date Products Installed: Company Installing Products: Installer Contact Name and Title: Installer Phone: Installer Email:						
Is this project? New Construction Existing Date Products Installed: Company Installing Products: Installer Contact Name and Title: Installer Phone: Installer Email: Without any assistance from Efficiency Nova Scotia, would you	ou:					





How would you like	your rebate?					
Direct Deposit	Attach a void cheque or a direct deposit form from your bank to have your rebate deposited directly into your account.					
Cheque	Complete the information below to have your rebate sent to you as a cheque.					
Make cheque payable to:						
Please note: Rebates cannot be mad	e payable to personal banking	accounts.				
Where would you li	ke your cheque	sent?				
Company Address	Facility Address	Other (please fill be	elow)			
Mailing Address:						
City/Town:		Postal Code:				
Name: Title: Complete your application						
Send the following documen Check each box once you en						
This fully completed reba	ite application					
An official detailed invoic	An official detailed invoice (see <u>invoice guidelines</u> for what's required)					
Completed worksheet(s)	ed worksheet(s) for the products you installed;					
A copy of a recent electr	copy of a recent electric bill					
Send your fully completed ap	plication and all required	documents to:				
Email:	Fax:		Mail:			
ebates@efficiencyns.ca	902 470 3599		Efficiency Nova Scotia			
(please note that we cannot accept high-risk attachments such as ZIP, EXE or files that exceed 10MB).	Attention: Reba	ates	230 Brownlow Avenue Suite 300 Dartmouth, NS B3B 0G5 Attention: Rebates			

