Commercial Product Rebate ApplicationBefore You Buy

Complete this application before your business purchases and installs qualifying products.

If you've already purchased products for your business, please complete the **Commercial Product Rebate Application - After You Buy**.

Business Information

Business Name:					
Business Contact Name:	Position:				
Phone:	Fax:				
Contact Email:					
I would like to receive email communications (tips, prom You may withdraw consent at any time.	notions, etc.) from Efficiency Nova Scotia.				
Mailing Address:					
City/Town:	Postal Code:				
Name of facility and address where products will be installed	ed (if different from above):				
City/Town:	Postal Code:				
Installation Information					
Is this project? (check one):	tion Existing Building Retrofit				
Proposed Date of Installation:					
Company Installing Products:					
Installer Contact Name and Title:					
Installer Phone:					
Installer Email:					
I agree to have the above installer contact copied on all email communications with Efficiency Nova Scotia.					





Complete this section if your utility bill is less than \$6,000 per month:

You may be eligible for additional incentives and interest free financing in addition to rebates.

Electric Utility Information

Electricity Service Provider:				
Contact Name on Utility Account:				
Utility Account Number:				
Additional Meter Numbers:				
Contact Title:				
Phone Number:				
Email Address:				
Are you interested in financing?		YES		NO
By checking below, you agree to the	ne terms and conditions, <u>w</u>	/ww.effici	enc	yns.ca/business/terms-conditions
purchase-application and confirm you check "I Agree" and you have	all information provided	in this app	olica	tion is complete and accurate. If
I Agree				
Business Name:				
Business Contact Title:				
Date:				
Complete your application				
Send the following documents w Check each box once you enclos				
I have enclosed the following item This fully completed rebate a An official detailed quote (see	s: oplication	hat's requ	ired	
Completed worksheet(s) for A copy of a recent electric bi	the products you are plani I	ning to ins	stall	
By checking this box, you ack	knowledge that you're fillin	ng this for	M OI	ut on behalf of your customer.
Send your fully completed applica	tion and all required docu	ments to:		
Email:	Fax:			Mail:
rebates@efficiencyns.ca	902 470 3599			Efficiency Nova Scotia 230 Brownlow Avenue
(please note that we cannot accept high-risk attachments such as ZIP, EXE or files that	Attention: Rebates			Suite 300 Dartmouth, NS B3B 0G5



exceed 10MB).

Attention: Rebates