

Commercial infrared heating rebate application



Use this form for space heating equipment only. Be sure to fill out form completely. Include equipment brand, model and serial number, signatures of purchaser and attach a copy of the dated sales invoice from your retail mechanical contractor, along with all requested signatures. Please complete one form per appliance purchased. Rebate offer applies only to low intensity tube type infrared heaters. The rebate application form must be submitted by **Dec. 15** of the calendar year in which the equipment is installed. See other side for more information.

CUSTOMER INFORMATION

Gas bill acct # (required)

Company _____

Contact person _____ Phone () _____

Mailing address _____

City / State / ZIP _____

E-mail address* _____

If different from above, name and address where equipment is installed _____

MECHANICAL CONTRACTOR INFORMATION

Company _____

Address _____

City / State / ZIP _____

Contact _____

Phone () _____

Customer _____ Date _____

*By providing your e-mail address, you are giving us permission to send you e-mail about the Heating System Rebate and other programs and services.

EQUIPMENT INFORMATION

Brand _____ Complete model # _____ Serial # _____

Full load hrs _____ Btu/hr input _____ Btu/hr output _____ Efficiency rating (AFUE) _____ Installation date _____

Brand _____ Complete model # _____ Serial # _____

Full load hrs _____ Btu/hr input _____ Btu/hr output _____ Efficiency rating (AFUE) _____ Installation date _____

Brand _____ Complete model # _____ Serial # _____

Full load hrs _____ Btu/hr input _____ Btu/hr output _____ Efficiency rating (AFUE) _____ Installation date _____

CENTERPOINT ENERGY BUSINESS USE ONLY				Requesting Co:	0072	CenterPoint Energy, A/P payment req		
Equipment	Btu/hr input	Rebate amount	SIC	(Non-PO)				
Infrared heater		\$	Rate class	G/L acct 562020	Cost center	Internal order 11021956	Chg co. 0072	Amount
Infrared heater		\$	DKT saved	Date	Date required	Requested by	TOTAL	
Infrared heater		\$		Approved (print) Angela M. Kline	(sign)			Approved

**RETURN
CHECK TO
COMMERCIAL
REBATE
PROCESSING,
LASALLE
PLAZA**

IMPORTANT REQUIREMENTS

1. Qualifying equipment must have a minimum efficiency of 83 percent.
2. All qualifying equipment must be fully installed in a location served by CenterPoint Energy in Minnesota.
3. Enclose contractor invoice showing separate figures for equipment, labor, and taxes.
4. Enclose combustion efficiency documentation for all equipment not rated by GAMA (Gas Appliance Manufacturers Association).
5. All required information must be submitted before rebate can be paid.
6. Applications must be received by Dec. 15 of the calendar year in which the equipment is installed. To avoid delays in rebate processing, please submit your paperwork as soon as equipment installation is complete.

For any equipment installed between Dec. 15 and Dec. 31, please contact CenterPoint Energy for advance rebate approval.

7. Please allow six to eight weeks for rebate processing.

Mail completed paperwork to:

Commercial Rebate Processing
CenterPoint Energy
PO Box 59038
Minneapolis, MN 55459-0038

For more information

Call our Business Customer Hotline
or visit our Web site.
612-321-4939 (toll free 1-877-809-3803)
CenterPointEnergy.com/BusinessRebates

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The account number is vital to processing your rebate and must be included.



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CUSTOMER INFORMATION

Gas bill acct # (required)

Company ABC Company Inc.

Contact person Dan Jefferson Phone (123) 456 7890

Mailing address 123 Jefferson St.

City / State / ZIP Jefferson, MN 55555

E-mail address* dan.jefferson@ABCCcompany.net

If different from above, name and address where equipment is installed

This is the address where the rebate check will be sent. Complete in full.

MECHANICAL CONTRACTOR INFORMATION

Company Tom's Mechanical Contractor Information

Address 456 Jackson St.

City / State / ZIP Jackson, MN 55666

Contact Tom Jackson

Phone (234) 567 8910

Customer Date 01/06/2007

Complete in full so we'll know whom to contact if necessary.

*By providing your e-mail address, you are giving us permission to send you e-mail about the Heating System Rebate and other programs and services.

EQUIPMENT INFORMATION

Brand Infrared Brand Name Complete model # Fill in complete model number here Serial # Fill in complete serial number here

Full load hrs Btu/hr input Btu/hr output Efficiency rating (AFUE) Installation date

Brand Complete model # Serial #

Full load hrs Btu/hr input Btu/hr output Efficiency rating (AFUE) Installation date

Brand Complete model # Serial #

Full load hrs Btu/hr input Btu/hr output Efficiency rating (AFUE) Installation date

Include as much product detail as possible on the form. Include a copy of the invoice for reference.

CENTERPOINT ENERGY BUSINESS USE ONLY				Requesting Co:	0072	CenterPoint Energy, A/P payment req		
Equipment	Btu/hr input	Rebate amount	SIC	(Non-PO)				
Infrared heater		\$ 0.00	Rate class	G/L acct 562020	Cost center	Internal order 11021956	Chg co. 0072	Amount 0.00
Infrared heater		\$ 0.00	DKT saved	Date	Date required	Requested by	TOTAL	0.00
Infrared heater		\$ 0.00		Approved (print) Angela M. Kline	(sign)		Approved	

RETURN CHECK TO COMMERCIAL REBATE PROCESSING, LASALLE PLAZA

Note: It is important that you include all copies of invoices. Also include a product specification sheet, shop drawing or owner's manual, and the steam trap survey.