

Commercial Product Rebate Application

Before 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:	
Mailing Address:	
City/Town:	Postal Code:
Address where products will be installed (if different from above):	
City/Town:	Postal Code:

Installation Information

Is this project?	<input type="checkbox"/> New Construction	<input type="checkbox"/> Existing Building Retrofit
Proposed Date of Installation:		
Company Installing Products:		
Installer Contact Name and Title:		
Installer Phone:		
Installer Email:		
<input type="checkbox"/> 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 \$3,800 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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

By completing this section you agree to the additional terms and conditions outlined at the bottom of the terms and conditions www.efficiencyns.ca/business/terms-conditions-purchase-application

By checking below, you agree to the terms and conditions, www.efficiencyns.ca/business/terms-conditions-purchase-application and confirm all information provided in this application is complete and accurate. If you check "I Agree" and you have not read the terms, then you are still agreeing to be bound by the terms.

☐ **I Agree**

Business Name: _____

Business Contact Title: _____

Date: _____

Complete your application

Send the following documents with your application.

Check each box once you enclose each item.

I have enclosed the following items:

- ☐ This fully completed rebate application
- ☐ An official detailed quote (see [invoice guidelines](#) for what's required)
- ☐ Completed worksheet(s) for the products you are planning to install
- ☐ A copy of a recent electric bill
- ☐ By checking this box, you acknowledge that you're filling this form out on behalf of your customer.

Send your fully completed application and all required documents to:

Email:

rebates@efficiencyns.ca
(please note that we cannot accept high-risk attachments such as ZIP, EXE or files that exceed 10MB).

Fax:

902 470 3599
Attention: Rebates

Mail:

Efficiency Nova Scotia
230 Brownlow Avenue
Suite 300
Dartmouth, NS B3B 0G5
Attention: Rebates

Efficient Product Rebates

Commercial Pool Equipment Worksheet

For assistance in completing this Commercial Pool Equipment Rebate Worksheet please refer to the [Commercial Pool Equipment Rebate Guide](#).

To receive your rebates, enter the product details in the table(s) below. To prevent unnecessary delays in the processing of your application, please complete all of the information requested.

General Business Information:

Hours of operation

	Open	Close
MON		
TUES		
WED		
THURS		
FRI		
SAT		
SUN		

Are there times of the year when your business is non-operational?

☐ No

☐ Yes - general holidays

☐ Yes - seasonal shutdown

☐ Yes - for other reasons

Explain:

Explain:

NOTES:

Instructions

1. Review the criteria on the following [Commercial Pool Equipment Rebate Guide](#) to verify that your selected products qualify for rebates.
2. If products are eligible, complete the Commercial Pool Equipment Rebate Worksheet.
3. Attach completed Commercial Pool Equipment Rebate Worksheet to the rest of your application.

Pool Details

To provide you with your rebate we need additional information about your pool. Please complete all the fields below.

Age of pool:	Pool size (gallons):	Number of pumps:
Pool location (indoor or outdoor):		
Pool operation: <input type="checkbox"/> Seasonal <input type="checkbox"/> Year-round		
If seasonal, how many days in the year is the pool in operation?		
Did you use a timer on your pool pump? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, will you be using it on your new pump? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Diameter of pipe connected to your pool pump (inches):		
Number of hours per day pump is operated:		
When do you run your pump? <input type="checkbox"/> Day <input type="checkbox"/> Night		

Pool Pumps

	Manufacturer	Model	Horse Power	Controller Manufacturer	Controller Model	Quantity
Existing (example)	ABC Inc.	LL342	2	XYZ Co.	KG453	1
New (example)	XYZ Co.	KG453	1.5			
Existing						
New						
Existing						
New						
Existing						
New						