

# 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](http://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*

\_\_\_\_\_

## 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

\*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 \_\_\_\_\_

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

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**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.**

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

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

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