

SECTION 1

ACCOUNT AND CUSTOMER INFORMATION

TAX IDENTIFICATION NUMBER (Check one.)

- FEIN **or** SSN

FEIN OR SOCIAL SECURITY NUMBER

BUSINESS CLASSIFICATION OF CUSTOMER

(Check one. Required for all businesses, including non-profits.)

- Sole Proprietorship/Individual/Single-Member LLC
- C Corporation S Corporation Partnership
- Limited Liability Corporation Classification C, S, P _____
(C = C corporation, S = S corporation, P = partnership)
- Other _____

OWNER NAME (REQUIRED IF SSN IS USED AS TAX IDENTIFICATION NUMBER)

COMPANY NAME

LEGAL ADDRESS (AS SHOWN ON COMPANY W-9)

CITY

STATE

ZIP

How did you hear about us? (Check all that apply.)

- Utility Trade Ally Energy Advisor Internet
- E-mail Trade Show/Event Direct Mail
- Other: _____

WHO DID YOU WORK WITH FROM FOCUS ON ENERGY ON THIS PROJECT? (CONTACT NAME)

SECTION 2

JOB SITE INFORMATION

(Please refer to your utility bills for account numbers below.)

JOB SITE BUSINESS NAME

ELECTRIC UTILITY AT JOB SITE

ELECTRIC ACCOUNT #

GAS UTILITY AT JOB SITE

GAS ACCOUNT #

- Job Site Address is same as Legal Address
- Job Site Address is different (complete below.)

JOB SITE ADDRESS

CITY

STATE

ZIP

SECTION 3

CUSTOMER CONTACT INFORMATION

JOB SITE CUSTOMER CONTACT NAME

PRIMARY PHONE #

E-MAIL ADDRESS

INCENTIVE APPLICATION

PLEASE COMPLETE ALL SECTIONS. INCOMPLETE APPLICATIONS CANNOT BE PROCESSED AND WILL DELAY PAYMENT OF INCENTIVES. APPLICATIONS MUST BE SUBMITTED WITHIN 60 DAYS OF PROJECT INSTALLATION. FOR AN ELECTRONIC COPY OF THIS FORM VISIT FOCUSONENERGY.COM/APPLICATIONS.

SECTION 4

TRADE ALLY INFORMATION



TRADE ALLY CONTACT NAME

PRIMARY PHONE #

E-MAIL ADDRESS

TRADE ALLY COMPANY NAME

ADDRESS

CITY

STATE

ZIP

Must be a registered Trade Ally to receive payment. See Participation Requirements for more information.

(Check one.) FEIN **or** SSN

FEIN OR SOCIAL SECURITY NUMBER (REQUIRED IF RECEIVING PAYMENT)

SECTION 5

BUSINESS PAYMENT INFORMATION

Make incentive check payable to: Customer Trade Ally

Mail check to: Legal Address Job Site Address
 Alternate Address (complete below.)

ADDRESS

CITY

STATE

ZIP

ATTENTION TO (OPTIONAL)

If Focus on Energy has a question about this application, we should contact:

Customer Trade Ally Other _____



SECTION 6

BUSINESS PROPERTY TYPE

Existing Building New Construction

(Select one only. If applying for both existing and new construction equipment incentives please complete two separate applications)

Select one (1) property type that best describes your business:

- | | | | |
|--|---|--|--|
| <input type="radio"/> Agriculture Producer | <input type="radio"/> Private K-12 | <input type="radio"/> Healthcare | <input type="radio"/> Multifamily |
| <input type="radio"/> Dairy | <input type="radio"/> Public K-12 | <input type="radio"/> Clinic | <input type="radio"/> Apartment |
| <input type="radio"/> Livestock | <input type="radio"/> Technical College | <input type="radio"/> Hospital | <input type="radio"/> Condominium |
| <input type="radio"/> Greenhouse | <input type="radio"/> Grocery/Convenience Store | <input type="radio"/> Skilled Nursing | <input type="radio"/> Mixed Use |
| <input type="radio"/> Crop Farming | <input type="radio"/> Financial Institution | <input type="radio"/> Other: _____ | Number of Units: _____ |
| <input type="radio"/> Other: _____ | <input type="radio"/> Food Service | <input type="radio"/> Hotels & Lodging | Number of Buildings: _____ |
| <input type="radio"/> Education | <input type="radio"/> Government | <input type="radio"/> Manufacturing (product): _____ | <input type="radio"/> Religious Worship |
| <input type="radio"/> College/University | <input type="radio"/> Federal/State | | <input type="radio"/> Retail |
| <input type="radio"/> Preschool/Day Care | <input type="radio"/> Municipal/County | | <input type="radio"/> Service |
| | <input type="radio"/> Native American | | <input type="radio"/> Water / Wastewater |
| | | | <input type="radio"/> Other: _____ |

For Small Business Program customers (optional)

Operating hours: _____ Square Footage: _____

SECTION 7

INCENTIVE PRODUCT INFORMATION

Please refer to:

- **Applicable incentive catalog at focusenergy.com/applications** for incentive codes, incentive per unit and product eligibility requirements.
- **focusenergy.com/business/qpls** for qualified products lists.
- **Invoice showing proof of purchase** for Manufacturer and Model Number.
- **Incentive Product Information Sheet at focusenergy.com/applications** if you need additional lines in the table below.

INCENTIVE CODE	MANUFACTURER NAME	MODEL #	UNIT MEASURE	# OF UNITS (A)	INCENTIVE PER UNIT (B)	TOTAL INCENTIVE (A X B)
L3111 (example)	STARK LIGHTING	LED5VZP	Fixture	10	\$ 25.00	\$ 250.00
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
Itemized Invoice(s) Attached	Yes <input type="radio"/>	RESERVATION CODE(S) (if applicable):		Subtotal from Incentive Product Information Sheet (if applicable)		\$
Manufacturer Specifications Attached (if applicable):	Yes <input type="radio"/>	INSTALLATION DATE:	/ /	INCENTIVE TOTAL*		\$

SECTION 8

CUSTOMER SIGNATURE

Certification: The following certifications are required in order for this form to substitute for the IRS form W-9. Under penalty of perjury, I certify that:

- The number shown on this form is the correct taxpayer identification number.
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
- I am a U.S. citizen (includes a U.S. resident alien).

I agree that the stated energy-efficient measure(s) was (were) installed at the job site address listed above as part of the Focus on Energy Program. I have read and agree to the provisions set forth herein and to the Terms and Conditions posted at focusenergy.com/terms. I understand that Focus on Energy may revise these Terms and Conditions at any time and I will not be notified in the event changes are made. To the best of my knowledge, the statements made on this application are complete, true and correct, and I have submitted the appropriate supporting documentation to receive an incentive. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.
(Please use blue or black ink in the signature box below.)



CUSTOMER SIGNATURE _____ NAME (PRINT) _____ DATE _____

Please select the program for which you are applying (check one):

- | | | |
|---|---|---|
| <input type="radio"/> Agriculture, Schools and Government Program
AgSGapps@focusenergy.com | <input type="radio"/> Business Incentive Program
BIPapps@focusenergy.com | <input type="radio"/> Multifamily Energy Savings Program
MESApps@focusenergy.com |
| <input type="radio"/> Large Energy Users Program
LEUapps@focusenergy.com | <input type="radio"/> Small Business Program
SBPapps@focusenergy.com | |



Please see the Program Descriptions and Submittal Information page for mailing addresses and fax numbers.

*Incentive total may be adjusted based on project caps. See measure requirements and Terms and Conditions for more information.