

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.)

- Corporation  Partnership  Sole Proprietorship - Individual
- LLC  Other \_\_\_\_\_

OWNER NAME (SOLE PROPRIETOR ONLY)

COMPANY LEGAL NAME

MAILING ADDRESS

CITY

STATE

ZIP

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

- Utility  Trade Ally  Energy Advisor  Website
- E-mail  Trade Show/Event  Advertisement/Mailing
- 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.)

ELECTRIC UTILITY AT JOB SITE

ELECTRIC ACCT. #

GAS UTILITY AT JOB SITE

GAS ACCT. #

JOB SITE BUSINESS NAME

If Focus on Energy has a question about this application, we should contact: \_\_\_\_\_  Customer  Trade Ally

- Job Site Address is same as Mailing Address
- Job Site Address is different (Complete below.)

CUSTOMER OR TRADE ALLY NAME

JOB SITE ADDRESS

CITY

STATE

ZIP

JOB SITE CUSTOMER CONTACT

PRIMARY PHONE #

E-MAIL ADDRESS

PROJECT INSTALLATION/SERVICE DATE

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.

SECTION 3

BUSINESS PROPERTY TYPE

Please check one:

- Existing Building  New Construction

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

- Agriculture Producer (type): \_\_\_\_\_
- Education
  - College/University
  - Preschool/Day Care
  - Private K-12
  - Public K-12
  - Technical College
- Grocery/Convenience Store
- Financial Institution
- Food Service
- Government
  - Federal/State
  - Municipal/County
  - Native American
- Healthcare
  - Clinic
  - Hospital
  - Skilled Nursing
  - Other: \_\_\_\_\_
- Hotels & Lodging
- Manufacturing (product): \_\_\_\_\_
- Multifamily
  - Apartment
  - Condominium
  - Mixed Use
- Number of Units: \_\_\_\_\_
- Number of Buildings: \_\_\_\_\_
- Retail
- Service
- Religious Worship
- Other: \_\_\_\_\_

Describe primary job site use (see Glossary for examples):

\_\_\_\_\_

\_\_\_\_\_

SECTION 4

BUSINESS PAYMENT INFORMATION

Make incentive check payable to:  Customer  Trade Ally

Mail check to:  Mailing Address  Job Site Address  Alternate Address (Complete below.)

ADDRESS

CITY

STATE

ZIP

ATTENTION TO



SECTION 5

TRADE ALLY INFORMATION



TAX IDENTIFICATION NUMBER

(Required for Trade Ally receiving payment. Check one.)

○ FEIN or ○ SSN

FEIN OR SOCIAL SECURITY NUMBER

TRADE ALLY COMPANY NAME

ADDRESS

CITY

STATE

ZIP

ATTENTION TO

TRADE ALLY CONTACT NAME

CONTACT TELEPHONE

CONTACT E-MAIL

SECTION 6

INCENTIVE PRODUCT INFORMATION

Please refer to:

- **Lighting Incentive Catalog** for incentive codes, incentive per unit and product eligibility requirements.
- **focusonenergy.com/businesslighting** for qualified products lists.
- **Invoice showing proof of purchase** for Manufacturer and Model Number.

RESERVATION CODE(S):

INCENTIVE CODE	MANUFACTURER NAME	MODEL #	UNIT MEASURE	# OF UNITS (A)	INCENTIVE PER UNIT (B)	TOTAL INCENTIVE (A X B)
L311	STARK LIGHTING	LED5VZP	Fixture	10	\$ 15.00	\$ 150.00
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$

(Please note: attach a separate sheet for additional items.)

- Itemized invoice(s) attached
- Manufacturer specifications are attached

TOTAL INCENTIVE

\$

SECTION 7

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).

The undersigned agrees 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 Terms and Conditions within this application. 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.  
 (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):

- Business Incentive Program
- Chain Stores and Franchises Program
- Large Energy Users Program
- Multifamily Energy Savings Program