

2010 Compressed Air Rebate

Section A: CUSTOMER INFORMATION

Customer Name	Electric Account Number	Rate	Application Number
Facility Address	City	State	Zip Code
Service Location Identification			
Mailing Address (if different from above)	City	State	Zip Code
Contact Person/Title	Telephone Number	Incorporated? (Check one.) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt	
Federal Tax Identification Number	Rebate Payment Preference (Check one.) <input type="checkbox"/> Check <input type="checkbox"/> Bill Credit <input type="checkbox"/> Pay Contractor	Please Assign Payment to Contractor. Customer Signature:	

Section B: CONTRACTOR INFORMATION

Contractor Name	Contact Person/Title (Print)	Contact Person Signature	
Mailing Address	City	State	Zip Code
Federal Tax Identification Number	Incorporated? (Check one.) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt	Telephone Number	

Section C: DOCUMENT APPROVALS

PRE-INSTALLATION INSPECTION

Utility Signature	Date
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PRE-APPROVAL OFFER

Technical Review - Utility Signature	Date		
Utility Signature	Date	Amount of Rebate Offer (\$)	Completion Date

By signing and dating below, customer accepts this rebate offer and agrees to the Utility Terms and Conditions attached hereto. Pursuant to a Commission order, customer also agrees that the utility will capture all kW and kWh savings and to forgo applying directly or indirectly for any ISO-NE capacity payments resulting from this energy efficiency project. This agreement is contingent upon continued approval and authorization by the Commission to recover said amounts from the System Benefits Charge. The rebate, in conjunction with all other sources of funding, cannot exceed the total project cost.

Customer Signature: _____ Date: _____

POST-INSTALLATION INSPECTION

Utility Signature	Date	Total Project Cost (\$)	Amount of Rebate (\$)
Customer Signature	Date		

MANAGEMENT APPROVAL

Utility Signature	Date
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