

Downloaded Application								
Account Number:						Date:		
Customer Name(s):						Phone:		
Service Address:					City		Zip	
Mailing Address:					City		Zip	
E-mail:			SS#					
Eligible Equipment:								
Natural Gas Furnace		ng at least	94% AFUE				\$200.00 each	
Programmable Thermostat \$25.00 each								
service address in which reserves the right to alter serviced basis. Applicant source for the home's livir regulations, including build disconnected. A complete within sixty (60) days of p Please allow up to eight (South Eastern Indiana Na	the product is installed. To or discontinue the rebate ts must use natural gas for ing space. Dual fuel systeding codes, and manufaced signed application and project completion. The in (8) weeks to receive rebatural Gas reserves the ricted to verify installations. South Eastern Indiana Naturation Below:	The rebate car offers at any to all equipment the specific itemized invoice must included the complete ght to verify satural Gas research.	nnot exceed the time without notice the installed, and a gible. All productions. All equipices for materials dicate the date of a applications, incales receipts and y be subject to feerves the right to	cost of the eace. Rebate a furnace, we can must comment must be and labor and purchase/icluding those d/or installations.	equipment ins funds are limi ith a sealed comply with application. Old must be submostallation, make without supons of productor state income	talled. South Eas ted and are availa ombustion unit, m icable federal, starequipment must buitted to South Eas ake, model, size, the porting document its before issuing the tax reporting. A	able on a first-come, first- ust be the primary heat te, and local laws and e removed or permanently stern Indiana Natural Gas ype, and total project cost. tation, will not be processed.	
						Serial No		
Installation	Date	Make	ļīv	nouei		Serial NO		
Programmable Thermostat								
Installation: Date Brand						Model		
Invoices for equipment must be attached to this application! Certification Statement: I/we hereby certify that: 1.) The information contained in this application is accurate and complete. 2.) All rules of this program have been followed. 3.) The above indicated installation/conversion has been completed and I/we have attached hereto applicable receipts/documentation showing make/model/serial number of the applicable items.								
Customer Signature:					Date			
Customer Signature:						Date		
Verification:	For S	outh Easte	ern Indiana N	latural G	as Use On	ly		
Furnace: Make			Model		Serial No			
Thermostat: N			Model			Serial No		
Employee #:		Employee	nployee Signature:			•		
Rebate Paid:		, , , ,						
Approved By:						Date		
Date Paid			Amount			Check No		