

# REBATE APPLICATION

FOR PROJECTS COMPLETED BY 12/31/2026

RESET FORM



Complete all sections. Incomplete applications cannot be processed and will delay payment of rebates.

**Applications must be submitted within 60 days of completed project installation**, no later than January 31, 2027. For additional copies of this form, visit [focusonenergy.com/catalogs](http://focusonenergy.com/catalogs).

## section 1

### ACCOUNT AND CUSTOMER INFORMATION

**Tax Identification Number** (Check one) ☐ FEIN or ☐ SSN\*

\*If you use a Social Security Number (SSN) as your Tax Identification Number, **do not provide it below**. You will be contacted by the Program via email to provide a copy of your W-9 using a secure online portal, if it is not already on file. **You must list an email address in Section 3.**

FEIN

### TAX CLASSIFICATION OF CUSTOMER

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

- ☐ Sole Proprietorship ☐ S Corporation ☐ Partnership  
☐ C Corporation ☐ LLC - S Corp ☐ LLC - Partnership  
☐ LLC - C Corp ☐ Single-Member LLC  
☐ 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

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

## section 2

### JOB SITE INFORMATION

(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 # EMAIL ADDRESS

Preferred method of contact: ☐ Call ☐ Email ☐ Text

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

## section 4

### TRADE ALLY INFORMATION

TRADE ALLY CONTACT NAME

PRIMARY PHONE # EMAIL ADDRESS

TRADE ALLY COMPANY NAME

ADDRESS

CITY STATE ZIP

## section 5

### BUSINESS PAYMENT INFORMATION

Payee is responsible for any associated tax consequences.

#### Make rebate check payable to:

- ☐ Customer ☐ Trade Ally ☐ Other Payee ☐ Rebate Administrator

If Other Payee is selected, the relationship to the utility account holder must be identified below:

- ☐ Tenant ☐ Building Owner ☐ Other (specify) \_\_\_\_\_

#### For All Payees this Section MUST be Filled Out

**Mail check to:** ☐ Customer Legal Address ☐ Job Site Address  
☐ Trade Ally Address ☐ Alternate Address

COMPANY NAME

ADDRESS

CITY STATE ZIP

ATTENTION TO (OPTIONAL)

#### For Trade Ally, Rebate Administrator, and Other Payees

Trade Allies must be registered with the Program to receive payment. All other payees must have a current W-9 on file to receive payment.

**Tax Identification Number** (Check one) ☐ FEIN or ☐ SSN

If you use a Social Security Number (SSN) as your Tax Identification Number, do not provide it below. You will be contacted by the Program via email to provide a copy of your W-9 using a secure online portal, if it is not already on file. You must list an email address below.

FEIN

#### Tax Classification of Payee

(Check one. Required for all businesses, including nonprofits.)

- ☐ Sole Proprietorship ☐ S Corporation ☐ Partnership  
☐ C Corporation ☐ LLC - S Corp ☐ LLC - Partnership  
☐ LLC - C Corp ☐ Single-Member LLC  
☐ Other \_\_\_\_\_

#### Payee Contact Information

NAME

EMAIL ADDRESS

section 6
BUSINESS PROPERTY TYPE

Select one only. If applying for both existing and new construction equipment rebates please complete two separate applications.
[ ] Equipment Upgrades & Retrofits [ ] New Construction & Major Renovations
Select one (1) property type that best describes your business:
[ ] Agriculture Producer
[ ] Dairy - Traditional
[ ] Dairy - Robotic
[ ] Other:
[ ] Education
[ ] Financial Institution
[ ] Government
[ ] Grocery/Convenience Store
[ ] Health Services
[ ] Hotels & Lodging
[ ] Information, Technical & Scientific Services
[ ] Manufacturing (product):
[ ] Multifamily
[ ] Office
[ ] Religious & Spiritual Organization
[ ] With K+ Daily Education
[ ] No K+ Daily Education
[ ] Restaurant
[ ] Retail
[ ] Vehicles Sales/Service
[ ] Water/Wastewater
[ ] Other:

section 7
REBATE PRODUCT INFORMATION

- Refer to:
- Applicable rebate catalog at focusonenergy.com/catalogs for rebate codes, rebate per unit, and product eligibility requirements.
  - Your itemized invoice(s) for Manufacturer and Model Number(s).
  - Business Rebate Product Information Sheet at focusonenergy.com/catalogs if additional lines are needed.

PROJECT COMPLETION DATE: / /

CODE	MANUFACTURER NAME	MODEL #	UNIT MEASURE	# OF UNITS (A)	REBATE PER UNIT (B)	REQUESTED REBATE (A X B)
(Example) L3111	STARK LIGHTING	LED5VZP	Fixture	10	\$ 25.00	\$ 250.00
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					Subtotal from Rebate Product Information Sheet (if applicable)	\$
					REBATE TOTAL*	\$

section 8
CUSTOMER SIGNATURE

I, the undersigned Customer, agree the stated energy efficiency measure(s) was (were) installed and are functional at the job site address listed above as part of the FOCUS ON ENERGY® Program. I have read and agreed to the provisions set forth herein and to the Terms and Conditions posted at focusonenergy.com/terms. I understand 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 a rebate.

If the Customer is identified as the Payee in Section 5, the following certifications are required for this form to substitute for the Internal Revenue Service (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 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. person.

The IRS does not require my consent to any provision of this document other than the certifications required to avoid backup withholding.

CUSTOMER SIGNATURE \_\_\_\_\_ NAME (PRINT) \_\_\_\_\_ DATE \_\_\_\_\_

Submit applications and supporting documentation to:  
MAIL: Focus on Energy  
725 W. Park Avenue  
Chippewa Falls, WI 54729  
EMAIL: business@focusonenergy.com

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

