REBATE PRODUCT INFORMATION SHEET

THIS FORM MUST BE ATTACHED TO COMPLETED REBATE APPLICATION AND SUBMITTED TOGETHER. **NEED HELP? CALL 800.762.7077**

ГОМЕ		

JOB SITE BUSINESS NAME		
JOB SITE ADDRESS		
JOB SITE ADDICESS		
TRADE ALLY NAME		

HOW TO FILL OUT THIS FORM

Please refer to:

- The applicable rebate catalog at focusonenergy.com/catalogs for rebate codes, rebate per unit, and product eligibility requirements.
- Invoice showing proof of purchase for Manufacturer and Model Number.

Attach this form to a completed **Rebate Application** and submit together.

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	\$ 250
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
you need additio secondary Rebat	onal lines please use and attach te Product Information Sheet				Subtotal* er this number te Application)	\$

^{*} Rebate total may be adjusted based on project caps. See measure requirements and Terms and Conditions for more information.

