



BUSINESS LIGHTING APPLICATION

MEMBER INFORMATION (PLEASE PRINT)

Member Name: _____ Date: _____

Address: _____ BEC Acct #: _____

City, State, Zip: _____ Phone: _____

Business Tax Status: Corporation ___ Partnership ___ Individual/Sole Prop: ___
Exempt (tax-exempt, non-profit) ___

Tax ID#: (EIN ___ Federal Tax ID ___ SSN ___): # _____

Tax Liability. Incentives/rebates may be taxable and if greater than \$600 will be reported to the IRS by the Cooperative as income to you on IRS Form 1099 unless you have identified yourself as a corporation or as tax exempt. Cooperative is not responsible for any taxes that may be imposed on you as a result of the incentive/rebate. Associated Electric Cooperative/Take Control & Save strictly adheres to the privacy policies of its member cooperatives.

Type of business: Church ___ Government ___ Grocery ___ Health ___ Office ___
Industrial ___ Restaurant ___ Retail ___ School ___
Agricultural (please specify) _____
Other (please specify) _____

Contact Name: _____ Phone #: _____

Eligibility criteria:

Must be a member of Boone Electric Cooperative; must have 10 or more fixtures to qualify; total rebate per member per year of \$30,000; receipts must accompany application; rebate is 6¢ per kilowatt hour savings or 40% of the total capital cost of the new lighting (labor not included), whichever is less; all criteria subject to change.

Signature: _____