

2021 Vending Machine Rebates

APPLICATION FORM



All rebate applications are due by January 15th the year after equipment purchase and installation.

1 EPE CUSTOMER INFORMATION

In order to be eligible for rebates, rebate forms may be completed online or mailed along with a copy of receipt or contractor invoice to the address below.

Rebate processing takes approximately 4-6 weeks. Terms and conditions subject to change without notice.

EPESaver Rebate Center
1515 S Capital of Texas Hwy,
Suite 110
Austin, TX 78746
www.epesaver.com

Building Characteristics

EPE Account Number for Install Location: (10 digits)

Customer/Business Name:

Telephone: Applicant's Email:*

Account Address:

City: State: ZIP:

Mailing Address: (if different)**

City: State: ZIP:

* Email rebate correspondence will be sent to the email address specified in this field
** Rebate check will be mailed to the account address unless a different mailing address is provided

Building Type: (Check one)

- | | | |
|---|--|---|
| <input type="checkbox"/> Assembly | <input type="checkbox"/> Education - Comm. College | <input type="checkbox"/> Education - Primary School |
| <input type="checkbox"/> Education - Sec. School | <input type="checkbox"/> Education - University | <input type="checkbox"/> Grocery |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Hotel | <input type="checkbox"/> Manf. - BioTech |
| <input type="checkbox"/> Manf. - Light Industrial | <input type="checkbox"/> Motel | <input type="checkbox"/> Nursing Home |
| <input type="checkbox"/> Office - Large | <input type="checkbox"/> Office - Small | <input type="checkbox"/> Restaurant - Fast Food |
| <input type="checkbox"/> Restaurant - Sit Down | <input type="checkbox"/> Retail - 3+ Stories | <input type="checkbox"/> Retail - Large |
| <input type="checkbox"/> Retail - Small | <input type="checkbox"/> Storage - Conditioned | <input type="checkbox"/> Storage - Unconditioned |
| <input type="checkbox"/> Warehouse - Refrigerated | | |

2 INSTALLATION INFORMATION (Must complete all fields)

ENERGY STAR®
Refrigerated Beverage
Vending Machine

Please provide documentation of ENERGY STAR rating and copy of manufacturer spec sheet for installed machine

Product Class: (Check one) A B Combination A Combination B

Refrigerated Volume: (cu. ft.)

Machine Quantity:

Class A: Refrigerated bottled and/or canned beverage vending machine that is not a combination vending machine and in which 25% or more of the surface area on the front side is transparent.

Class B: Any refrigerated bottled and/or canned beverage vending machine not considered to be Class A or combination.

Combination: A bottled and/or canned beverage vending machine containing two or more compartments separated by a solid partition, that may or may not share a product delivery chute, in which at least one compartment is designed to be refrigerated and another is not refrigerated.

Combination A: A combination vending machine where 25% or more of the surface area on the front side is transparent.

Combination B: A combination vending machine that is not considered to be Combination A.

3 CONTRACTOR INFORMATION

Company Name: License #: (if applicable)

Contact Person: Phone:

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4 APPLICANT ACKNOWLEDGEMENT

Please refer to EPESaver.com for additional information regarding eligibility criteria

(Signed by EPE customer if owner occupied or landlord if renter occupied)

By signing below, I acknowledge that: (1) the measure installation listed herein has been installed to my satisfaction; (2) if contacted by EPE or Frontier Energy, I agree to allow access to my property to inspect the measure installation; (3) neither EPE nor Frontier Energy assumes any liability whatsoever relating to the measure installation or performance; (4) all information provided in this rebate form is accurate to the best of my knowledge and (5) **I acknowledge that the project would not have been accomplished or would have been completed with a lower level of efficiency without the assistance of the EPE Energy Efficiency Program.**

Applicant Signature:

Date:

5 PAYMENT RELEASE AUTHORIZATION

OPTIONAL

(Property owner must complete and sign only if rebate is to be issued to contractor)

By signing below, I am authorizing the payment of the rebate to the contractor (named below), and I understand that I will **NOT** be receiving the incentive payment from El Paso Electric.

Applicant Signature:

Date:

Contractor Company Name: (for payment)

Mailing Address:

City:

State:

ZIP: