

APPLICATION INSTRUCTIONS

1. **Appliance must be installed within Columbia REA's service territory**
2. **Complete Appliance Rebate Application**
3. **Attach a copy of your receipt**
4. **Submit all paperwork within 60 days of purchase to:**
Columbia REA – Attn: Charlie DeSalvo, 2929 Melrose Street, Walla Walla, WA 99362 or email cdesalvo@columbiarea.coop.
5. **Rebate will be applied to the customer's Columbia REA account. Exceptions may apply.**
6. **For additional inquiries regarding rebates, please contact Charlie DeSalvo at (509)526-4041.**

**All rebate amounts are dependent upon REEP specifications at the time the form is received by Columbia REA*

MEMBER INFORMATION

Applicant Name (please print)		Columbia REA Account #	
Phone Number		Cell Phone Number	
Property Address (where installed)	Unit/Apt.	City	Zip
Mailing Address	Unit/Apt.	City	Zip

REBATE INFORMATION

All qualified ENERGY STAR® products must meet the criteria listed below. For more information about ENERGY STAR®, visit their website at www.energystar.gov.

	QTY	Brand	Model #	CREA USE BPA #
<input type="checkbox"/> ENERGY STAR CLOTHES WASHER Water heating provided by electric or gas \$30 Rebate <i>*Clothes Washer must be Energy Star qualified</i> <i>*Top loading Clothes Washer must have MEF of >2.38</i>				RWHWU12310
<input type="checkbox"/> ENERGY STAR CLOTHES DRYER \$50 Rebate <i>*Clothes Dryers must be Energy Star qualified</i> <i>*Clothes Dryers must be electric</i>				RELPL13120

By signing below, I certify that all information listed on this document is true and correct and the installation address is in the Columbia REA service territory. I attest that I have not previously applied for or received a rebate for the appliance listed above. I understand that Columbia REA reserves the right to verify installation of the listed home appliance and that completion of this form does not guarantee my rebate. I acknowledge that Columbia REA's Appliance Rebate Program is subject to change and funding availability.

Applicant Signature _____ Date _____

FOR COLUMBIA REA USE ONLY

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Vendor/Invoice#	Approved by/Date	BPA Credit Amount	Total Amount to Customer
Billing Credit entered by/Date	To Accounting by/Date	GL Number	GL Number