



# \$400 ComEd REBATE

ON ENERGY STAR® CERTIFIED VARIABLE SPEED POOL PUMPS





powering lives

## \$400 Comed Rebate on energy star® certified variable speed pool pumps



Rebates are available to all current ComEd residential delivery service customers.

Customer applying for the rebate must be a ComEd "customer of record" living at the address noted on the application.

Must be an ENERGY STAR certified variable speed pool pump.

In-ground pool only.

Pool pump must be new and purchased in Illinois, or the buyer must demonstrate having paid the applicable Illinois sales and use tax.

Limit two pool pump rebates per ComEd residential delivery service account.

Pool pump must be purchased and installed April I, 2016 – May 31, 2017.

Application must be submitted within 90 days of purchase or by June 30, 2017, whichever comes first.

The rebate paid will not exceed the purchase price of the pool pump.

Incomplete forms may delay or disqualify the rebate.



Rebate eligibility requirements are subject to change without notice, including early termination of this promotion.

_														
2	>	C	0	M	P	L	Ε	Т	Ε	A	P	P	L	C

#### ATION Please print. All fields required.

4	<b>5</b>	
0	Ac.	
<i>ે</i> 4	TACK	c,
	`&\	۲
		ァ

ACCOUNT HOLDER INFORMATION				· ·		
ComEd Account Number (must be 10 digits):						
Account Holder First Name:	Account Holder Last Name:					
Installation Address:	City:		State:	Zip Code:		
Telephone (include area code):	Email:					
☐ I want to receive emails from ComEd about other ways to say any time and that my email address will never be shared.	e energy. I understand t	hat I can unsı	ubscribe to t	hese messages at		
REBATE PAYMENT WILL BE MADE PAYABLE TO ACCOUNT HOLDE	3					
Mailing Address (if different from installation address above):	City:	State:	Zip Code:			
CUSTOMER SIGNATURE (REQUIRED)						
I certify that the information provided in this application is t requirements set forth in this application and agree to abide may be contacted by an evaluator to complete a customer sur	by these requirements.					
ComEd Customer Signature:	Print Name:			Date:		
PRODUCT INFORMATION						
Manufacturer:	Model Number:					
Retailer Name:						
Retailer City:	Retailer State:	Retailer Zip C	ode:	Purchase Price:		
Date Purchased:	Date of Installation:					

## 3

### SUBMIT APPLICATION

- Include a legible copy of your dated sales receipt/paid invoice showing manufacturer, model number, installation date and purchase price.
- Make a copy of the application and receipt for your records.

## 4

#### RECEIVE REBATE PAYMENT

 After your rebate application is reviewed and approved, you will receive a rebate check in approximately four weeks.

**Questions? Call 855-433-2700** 

Submit this application by **ONE** of the following methods:

Mail: ComEd Appliance Rebates

3100 West Road, Bldg 3 - Suite 200

East Lansing, MI 48823

Email: ApplianceRebates@ComEd.com

