

## FAYETTE ELECTRIC COOPERATIVE HVAC REBATE FORM

Mail to: Fayette Electric Cooperative, P.O. Box 490, La Grange, TX 78945

## Member/Account Information

Name on Account				FEC Account Number:	
Home Phone:	Cell Phone:	E-mail Ad	E-mail Address:		
Installation Address:		City:		Zip:	
Mailing Address:		City:		Zip:	
Dealer Information (	To be Filled out By [	Dealer Only)			
Dealer (Company Name)	:				
Dealer Representatives' I	Name:				
Mailing Address:	City:	City:			
Phone:	Fax:	1	TA	ACL#:	
HVAC System Inform	ation:				
Installation Date:	HVAC Sys	tem Type:	Heat Pu	ımp A/C W/Gas Heat	
Condensing Unit Info	ormation:				
Manufacturer:		Cooling E	Cooling BTUH:		
Model:		Efficiency	Efficiency Rating (SEER):		
Serial Number:					
		I			

Coil/Components:	
Manufacturer:	
Model:	
ARI Page/Edition:	
Signatures:	
Member:	Date:
Dealer:	Date:
For FEC Use Only:	Date: