

## Bulk Vendor Application for Reimbursement - Electricity

### Application Information/Instructions

- Please complete the form in full. An incomplete form may result in the form being returned, thereby causing a delay in processing the claim.
- Once received, if the application meets all requirements, applicants should receive payment within 21 days.
- An application for reimbursement must be received by Service Nova Scotia and Municipal Relations within 24 months of the date of supply.
- An application for reimbursement may be filed up to four times in a calendar month.
- Additional applications are available online at: <http://www.yourenergyrebate.ns.ca> or by calling 1-888-928-8080, toll free or from all Access NS/Registry of Motor Vehicles Offices.

### Section 1 - Applicant Identification *(Please print all information in block letters.) (Please complete in full.)*

#### A. Name of Organization or Company

Operating Name _____	Energy Rebate Vendor # _____
Canada Revenue Agency Business Number (BN#) _____	_____
Nova Scotia Registry of Joint Stock Companies # _____	_____

#### B. Contact Information

Contact Name <i>(please print)</i> _____	E-mail Address <i>(if applicable)</i> _____
Title _____	_____
Primary Phone # (    ) _____	_____
Fax # (    ) _____	_____

#### C. Address Information

Civic Address of Business Street No. and Name <i>(Unit/Suite/Apt # - if applicable)</i> _____ _____ City, Town or Village                  Province          Postal Code _____                  _____                  -	Mailing Address <i>(if different than civic address)</i> Street No. and Name <i>(Unit/Suite/Apt #/PO Box or RR# - if applicable)</i> _____ _____ City, Town or Village                  Province          Postal Code _____                  _____                  -
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## Section 2 - Claim Information

### A. Claim Period - one application per calendar month

Period From 

d	d	m	m	y	y

Indicate the number of residential customer transactions applicable to this claim period \_\_\_\_\_

Period To 

d	d	m	m	y	y

Amount of Energy \_\_\_\_\_ (KWHs)

### B. Total Amount Claimed

#### **Eligible Amount calculation**

Total Reimbursement Claimed \$ \_\_\_\_\_

Bad Debt\* Amount (-) \$ \_\_\_\_\_

Adjustment\*\* Amount (+/-) \$ \_\_\_\_\_

Total Amount Claimed  
(inc. Bad Debt\* and Adjustments) \$ \_\_\_\_\_

#### **Please note:**

\* Bad Debt is the recovery of the 8% component of HST recovered from the Canada Revenue Agency for client's debts that have been previously claimed for reimbursement and have been subsequently written off.

\*\* If claiming an adjustment amount above, please indicate the nature of the amount below.

Timing Difference     Re-Billing     Other (please specify) \_\_\_\_\_

## Section 3 -Application Declaration

I hereby certify that:

- The information contained on this application is true, complete and correct in every respect.
- I am a duly authorized official or agent of the applicant described on this application.
- The energy resources sold and covered by this claim were for residential purposes only.
- This amount was not previously claimed.
- All relevant documents are available for inspection and/or audit.

\_\_\_\_\_  
Applicant's Name (please print)

\_\_\_\_\_  
Applicant's Signature

Date 

d	d	m	m	y	y

\_\_\_\_\_  
Applicant's Title

#### **Note:**

**It is a serious offense to make a false application for this rebate and action to do so may result in criminal charges and/or a fine.**

### **Service Nova Scotia and Municipal Relations**

P.O. Box 771, Halifax, NS B3J 9Z9

Need Help? Contact us at: 1-888-928-8080

or visit us online: <http://www.yourenergyrebate.ns.ca> or e-mail us at: [yourenergyrebate@gov.ns.ca](mailto:yourenergyrebate@gov.ns.ca)