

INTERNAL USE ONLY

Cust #: _____

Gallons: _____

Rebate Due: _____

Notes: _____



NACHURS®

2009-2010

EQUIPMENT REBATE FORM

Please fill out the form completely by **August 31, 2010** and send to:
NACHURS ALPINE SOLUTIONS • Attn: Marketing • 421 Leader St. • Marion, OH 43302

What year did your customer qualify for the Equipment Rebate Program? 2007-2008 2008-2009 2009-2010 (New Customer)

DEADLINE: AUGUST 31, 2010

Distributor Name: _____

Address: _____ STATE ZIP

Telephone: (____) ____ - ____ Contact: _____

Customer Name: _____

Address: _____ STATE ZIP

Telephone: (____) ____ - ____

Type of Planter: _____

Gallons Purchased: **(Delivery tickets must be attached for current year)**

Year	09-10	_____	Analysis: _____	Price per gallon _____
		_____	Analysis: _____	Price per gallon _____
		_____	Analysis: _____	Price per gallon _____

Total Equipment Purchased: \$ _____

List equipment and **attach receipts**: _____

DON'T FORGET: **FORM** **FERTILIZER RECEIPTS** **EQUIPMENT RECEIPTS** (if a new customer)