

INTERNAL USE ONLY

Cust #: _____

Gallons: _____

Rebate Due: _____

Notes: _____



NACHURS®

2011-2012

EQUIPMENT REBATE FORM

Please fill out the form completely by **August 31, 2012** and send to:
NACHURS ALPINE SOLUTIONS • Attn: Carla Potts • 421 Leader St. • Marion, OH 43302

What year did your customer qualify for the Equipment Rebate Program? 2009-2010 2010-2011 2011-2012 (New Customer)

DEADLINE: AUGUST 31, 2012

Distributor Name: _____

Address: _____ STATE ZIP

Telephone: (____) _____ - _____ Contact: _____

Customer Name: _____

Address: _____ STATE ZIP

Telephone: (____) _____ - _____

Type of Planter: _____

Gallons Purchased- Group 1 Product Line: **(Delivery tickets must be attached for current year)**

Year 11-12 _____ 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)