



Cust #: _____

Gallons: _____

Rebate Due: _____

Notes: _____

2018-2019 EQUIPMENT REBATE FORM

Please fill out the form completely by **August 31, 2019** and send to:
NACHURS ALPINE SOLUTIONS • Attn: Beth Clemons • 421 Leader St. • Marion, OH 43302

What year did your customer qualify for the Equipment Rebate Program? 2016-2017 2017-2018 2018-2019 (New Customer)

DEADLINE: AUGUST 31, 2019

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, minimum of 1,000 gallons)**

Year	16-17	_____	Product: _____	Price per gallon _____
		_____	Product: _____	Price per gallon _____
		_____	Product: _____	Price per gallon _____

Total Equipment Purchased: \$ _____

List equipment and **attach receipts:** _____

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