

Mail to: Laura Ertle CHEC PO Box 9 Buxton, NC 27920

Second Refrigerator/Freezer Turn-In Rebate Application

## **Member Information**

Name_		Account #		_	
Addres	S			-	
City		<u> </u>	p		
Home	Phone	Cell		-	
System	1 Information:	Refrigerator	Freezer		
Brand _		Model	Year		
Applia	nce Size (in cubic fee	t):			
I,	understand and agree to the following: ✓ The unit can be no smaller than10 cu.ft. or larger than 30 cu.ft.				
$\checkmark$					
$\checkmark$	✓ Refrigerator/freezer is clean and in working condition.				
$\checkmark$	$\checkmark$ The unit being recycled must be a secondary unit.				
$\checkmark$	$\checkmark$ I must submit this application <u>before</u> scheduling CHEC to pick up unit.				
$\checkmark$	Refrigerator/freeze	er must be plugged in and co	e plugged in and cooling in order for an authorized CHEC		
	agent to verify dur	ing an on-site visit for meas	surement and verification	n purposes.	
$\checkmark$	$\checkmark$ The unit will be marked with a visible X and the cord will be removed by an authorized				

- ✓ The unit will be marked with a visible X and the cord will be removed by an authorized CHEC agent.
- ✓ My \$100 rebate will be in the form of a bill credit, reflected on the billing statement for the account listed above.

Signature of CHEC Member

Date

Signature of CHEC Representative

Date