

# Capital Region Chamber Member Savings Program

## Discounted Equipment Rebate Claim Form

Customer Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of Installation \_\_\_\_\_

Model # \_\_\_\_\_ Serial # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Model # \_\_\_\_\_ Serial # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Model # \_\_\_\_\_ Serial # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Model # \_\_\_\_\_ Serial # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Model # \_\_\_\_\_ Serial # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Model # \_\_\_\_\_ Serial # \_\_\_\_\_ Amount \$ \_\_\_\_\_

A/C Bonus Qualified Amount \$ \_\_\_\_\_

Furnace Bonus Qualified Amount \$ \_\_\_\_\_

System Bonus Qualified Amount \$ \_\_\_\_\_

**Total Qualified Discount Amount \$ \_\_\_\_\_**

**Maximum qualified discount cannot exceed \$350 per customer.**

The qualified participating Carrier contractor will deduct the discounted amount from the total equipment price. The contractor will submit a copy of the equipment schedule, with appropriate discounts offered, to R.J. Murray Co.

### Submitted by:

Dealer Name \_\_\_\_\_

Dealer Contact \_\_\_\_\_

*All claims must be submitted within 30 days of installation.*

