

OKLAHOMA NATURAL GAS COMMERCIAL GAS FURNACE REBATES

An energy-efficient business can be a comfortable and productive one, too. Upgrade your facility with generous Oklahoma Natural Gas rebates on forced-air gas furnaces that use less than 225,000 BTUs per hour.

AFUE rating	REBATE
90 – 91.9%	\$250
92 – 94.9%	\$350
95 – 97.9%	\$450
98% +	\$550

To verify the efficiency of your gas furnace, visit ahridirectory.org.

HOW TO GET YOUR REBATE

1. Install the qualifying equipment in compliance with manufacturer's instructions and all applicable safety and code requirements.
2. Complete the application on the back and submit it with the dated furnace invoice and all required signatures within 90 days of installation to:

Mail: CLEAResult
210 Park Ave., Suite 1000
Oklahoma City, OK 73102

Email: OKONGRebates@clearresult.com

APPLICATION REQUIREMENTS

- Application must be completely filled out with Oklahoma Natural Gas (ONG) customer, equipment, and dealer/installer information.
- A copy of your dated invoice or sales receipt must accompany your application. It is the responsibility of the ONG contractor and customer to ensure that the installed equipment qualifies for a rebate. If it does not qualify, no rebate will be paid.
- Application must be submitted within 90 days of installation. To avoid delays, please submit your paperwork as soon as the installation is complete.

FOR MORE INFORMATION, VISIT OKLAHOMANATURALGAS.COM
OR CONTACT US AT 405-437-4304.



Oklahoma Natural Gas issues cash rebates in the form of checks, not utility bill credits. Oklahoma Natural Gas is not responsible if the dealer does not provide accurate information about the amount of rebate or equipment eligibility. Rebate checks will be mailed within 4-8 weeks. Program funds are limited and are paid on a first-come, first-served basis while funds are available.

Oklahoma Natural Gas reserves the right to inspect the installed equipment. Rebate qualifications and amounts are subject to change.

OKLAHOMA NATURAL GAS COMMERCIAL FURNACE REBATE APPLICATION

CUSTOMER INFORMATION (please print)

Name:

Phone:

Mailing address:

City/State/ZIP:

Business primary contact:

Contact phone:

Email:

REQUIRED:

ONG account # where equipment is being installed _____ - _____

Installation address (if different than mailing address) _____

TYPE OF BUILDING:

- College/University Fast food restaurant Full menu restaurant Grocery store Health clinic
 Lodging Large office (>30,000 sq. ft.) Retail School Generic 24/7 Other _____

TYPE OF INSTALLATION:

- New construction Replacement of failed equipment
 Upgrade of functioning equipment

SEND REBATE CHECK TO:

- Customer Contractor

Customer Signature _____ Date _____

EQUIPMENT INFORMATION (to be completed by contractor)

Brand:	Complete model #:	BTU/hr. input:
AFUE:	Date of installation:	Serial #:
If multiple units with the same information as above are installed:		
# of units:	Rebate amt./unit: \$	Total rebate: \$
Age of replaced equipment:	Efficiency rating of replaced equipment:	

CONTRACTOR INFORMATION (to be completed by contractor)

Name:

Phone:

Fax:

Mailing address:

City/State/ZIP:

Contact Name:

Contact Phone:

Email:

Contractor Signature _____ Date _____