



For Office Use Only	
File #	

Bulk Vendor Application for Reimbursement Oil, Natural Gas, Wood, Propane and Kerosene

Application Information/Instructions

- Please complete the form in full. An incomplete form may result in the form being returned.
- If the application meets all requirements, applicants should receive payment within 3 weeks.
- An application for reimbursement must be received by Service Nova Scotia within 24 months of the date of supply.
- An application for reimbursement may be filed up to four times a calender month.
- Additional applications are available online at: novascotia.ca/sns/access/business/your-energy-rebate or by calling 902-5200 or 1-800-670-4357, toll free or from all Access NS Offices.

Section 1- Applicant Identification (Please print all information in block letters) (Please complete in full)					
A. Name of Organization or Company					
Operating Name	Energy Rebate Vendor #				
Canada Revenue Agency Business Number (BN#) Nova Scotia Registry of Joint Stock Companies #	Retail Approval # (if applicable)				
B. Contact Information					
Contact Name (please print)	E-Mail Address (if applicable)				
Home Phone # ()					
Alternate # ()					
C. Address Information					
Civic Address of Business	Mailing Address (if different than civic address)				
Street No. and Name (Unit/Suite/Apt #)	Street No. and Name (Unit/Suite/Apt #/ PO Box/RR #)				
City, Town or Village Province Postal Code	City, Town or Village Province Postal Code				
<u> </u>	<u>NS [111-111]</u>				

Section 2 - Claim Information					
A. Claim Period - applications of	an be filed up	to four times a month			
Period from <i>(earliest purchase date)</i> <u>I I I I I I I</u> Indicate the number of					
Period to (last purchase date)	ddm IIII	, ,	ential customer actions applicable		
	d d m		s claim period		
B. Types of Energy Sources (Check all that apply and provide amount of energy supplied)					
☐ Oil (Furnace/Stove) ☐ Natura	l Gas	□Wood	□ Propane	☐ Kerosene	
(Litres)	(Litres)	(Cords)	(Litres)	(Litres)	
C. Total Amount Claimed					
Eligible Amount Calculation					
Total Reimbursement Claimed *		\$			
Bad Debt Amount **	(-)	\$			
Adjustment Amount ***	(+/-)	\$			
Total Amount Claimed (Inc Bad Debt and Adjustments)		\$			
Please note: * Provincial component of HS	Γ is 10%: rebat	e issued at 10%.			
** Bad Debt is the recovery of the reimbursement but subsequer		te provided on customer b	ills that were previously cl	aimed for	
*** If claiming an adjustment amount above, please indicate the nature of the amount below.					
☐ Timing Difference ☐	Re-Billing	☐ Other (please specify	/)		
Section 3 - Application Declaration	n				
I hereby certify that: The information contained i I am a duly authorized offici The energy sources sold ar This amount was not previo	al or agent of to nd covered by to ously claimed.	he applicant. his claim were for reside			
Anglia (I N (O)		A	Date I I I	<u> </u>	
Applicant's Name <i>(Please p</i>	orint)	Applicant's Signatu	re d d	m m y y	
Applicant's Title					
Note: It is a serious offence to charges and/or a fine.	make a false a	application for this reba	te and action to do so	may result in criminal	

Service Nova Scotia

P.O. Box 771, Halifax, NS B3J 9Z9

Need Help? Contact us at: 902-424-5200 or (toll free in Nova Scotia) 1-800-670-4357

or e-mail us at: $\underline{vourenergyrebate@novascotia.ca}$