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ECM Motor Rebate Form 2024

Member Information:

Name: _____ Account #: _____

Mailing address: _____ City: _____

State: _____ Zip _____ Phone: _____

Rebate Requirements:

Complete rebate form

Include a copy of your original sales receipt showing the item purchased.

By signing this application, I certify the appliances for which I am claiming a rebate are qualifying products and are installed at the address listed above which represents a valid cooperative account.

Members Signature: _____ Date: _____

ECM Motor \$50.00 rebate (Replacement only)

Manufacturer _____

Model Number _____

ECM Recirculating Pump \$50.00 rebate (Replacement only)

Manufacturer _____

Model Number _____

Reimbursement method: (Accounting code – 908.11)

Please credit my account

Please send me a check

Cooperative Rep: _____ Date: _____