

As an added benefit to the employees of Daikin and its affiliates, the Company offers a rebate to employees who purchase Goodman, Amana or Daikin air conditioning or heating equipment for installation in their home.

The program consists of a rebate to the employee, which will effectively enable the employee to purchase our equipment at a reduced cost.

### Qualifications:

- 1. You must be actively employed at the time the rebate is processed and have been an employee for 90 days prior to purchasing the equipment.
- 2. The receipt must have proof that the equipment was installed at your primary residence.
- 3. The equipment must be installed by a licensed HVAC contractor. Their license number must be on the receipt.
- 4. You are eligible for no more that three units per calendar year.
- 5. The rebate program covers equipment only, not parts, supplies and accessories.

## Process to receive rebate:

- 1. Contact a contractor of your choosing and have the Goodman, Amana or Daikin equipment installed at your house.
- 2. Submit the Employee Rebate Certificate along with the itemized receipt for the purchase and installation to your appropriate Human Resources Representative for approval.
- 3. You will receive a rebate in the form of a check within 30 days of approval.

## **Amount of Rebate:**

Furnace	\$150
AC/HP and Coil/AH	\$150
Package Unit	\$150

# EMPLOYEE REBATE CERTIFICATE ON GOODMAN, AMANA and DAIKIN PRODUCTS

The Person named below is an employee of Dakin Industries., or an affiliate, and as of the date below, is eligible to purchase HVAC equipment manufactured by Goodman at the designated rebate amount from the purchase price exclusive of any local or state tax, transportation, handling, or installation charges.

### Receipt of Purchase Must Be Attached to Receive Rebate

1. Employee Name	2. Employee #	3. Depart	tment#	4. Location	
5. Home Address	6. City	7. State		8. ZIP CODE	
9. Item Description	10. Model Number 1.		1. Serial #	erial#	
12. Dealers Name and Address		13. Date of Purchase			

#### CERTIFICATION

EMPLOYEE: I certify that the Product Described above is being purchased for my personal use and well be retained by me for a period of not less than 12 months from the date of purchase.

15. EMPLOYEE SIGNATURE

DATE

14. Amount to be rebated to Employee

\$

H. R. Managers Authorization

Date