

Customer Signature Page and Third-Party Agreement

2020

APS Solutions for Business

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Application Information

By signing this document, I agree to program requirements outlined in the measure specifications and [Policies and Procedures](#) for the applicable program and Final Application. As an eligible customer, I verify the information is correct and request consideration for participation under this program.

Project Number _____

Customer Information

Organization Name _____

Name on APS Account _____ APS Account Number _____

Customer Taxpayer ID _____ - _____ Tax Status _____

Contact Name _____ Contact Title _____

Phone _____ Ext. _____ Contact Email _____

Mailing Address _____

City _____ State _____ Zip _____

Project Information

Project Name _____

Project Site Address _____

City _____ State _____ Zip _____

Check if mailing address and project site address are the same.

Contractor Information

Company Name _____

Contact Name _____ Contact Title _____

Phone _____ Ext. _____ Contact Email _____

Rebate Check Mailing Information

Issue Rebate Check To _____

Customer Signature Page

Please fill out, sign and return **after** all equipment has been installed. Submission of this application does not guarantee any specific payment. Rebate payments are contingent upon funding availability and continued approval of this program by the Arizona Corporation Commission.

Please complete the following section. By signing this agreement, I attest that I understand and agree to abide by all program Policies and Procedures.

Customer Signature

Date

Incremental Project Cost

Total Rebate Requested (Capped At 75% of Total Project Cost)

Print Name

Completion Date

SUBMIT VIA EMAIL

Third-Party Payment Release

Project Number _____

Customer Information

Project Name _____

Organization Name _____

Complete this section ONLY if rebate payment is to be paid to an entity other than the customer.

Make Checks Payable To: _____

Issue Rebate Check To: (Organization Receiving Check) _____

Contact Name _____ Title _____

Phone _____ Ext. _____ Email _____

Mailing Address _____

City _____ State _____ Zip _____

Taxpayer ID of Third Party _____ - _____ Tax Status _____

Please complete the following section. By signing this agreement, I attest that I understand and agree to abide by all program Policies and Procedures and that the rebates are to be paid to a third party.

Customer Signature

Print Name

Date

Total Rebate Requested

SUBMIT VIA EMAIL