



## **Customer Signature Page and Third-Party Agreement**

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**2021**

### **APS Solutions for Business and Multifamily Energy Efficiency Program (MEEP)**

2020 North Central Avenue  
Suite 900  
Phoenix, Arizona 85004  
(866) 277-5605  
(602) 385-0900



## 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.

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**Customer Signature**

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**Print Name**

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**Date**

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**Incremental Project Cost**

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**Completion Date**

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

**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**