

## **PG&E Business Rebate Application**

Please complete all steps. Incomplete applications cannot be processed. If you are applying for rebates for more than one Service ID#, please list in Step 4.

STEP 1 Account and Customer Contact Information		STEP 2 Payment Re	elease Authorizatio	n (If Applicable	1
PG&E will use the information you provide below to contact you, if necessary, about your applicately a	ation.	SKIP THIS SECTION IF REBATE  Complete this section only if payment I am authorizing this payment of my n I will not be receiving the rebate checi information must be provided. I also u exempt me from the rebate requirem	is going to someone other than the ebate to the third party ("Payee") of k from PG&E. If "Payee" is a busin understand that my release of the	ne PG&E account hol named below, and I u ess, I understand tha payment to the third	lder in unders at req I party
		AUTHORIZED BY:			
ccount Holder/Company Name (as it appears on PG&E bill)		PG&E Account Holder (print)			
Contact Name (if different from Account Holder)					
		(Signature)		Date	
Product Installation Address  City State	Suite Zip Code	Additional Technolo		(510) 279-9	997
	-,	DBA OU Lighting Payee: Individual/Business Name		Phone #	
Mailing Address (if different than Installation Address)	Suite	5500 Stewart Avenue	Fremont	CA	9
		Payee Mailing Address	City	State	Zi
City State	Zip Code	Please complete steps 4	4, 5 and 6 on the other	side prior to	sig
Primary Phone # Email Address		STEP 7 Customer S	ignature		
Yes, I would like to be notified about other PGi stimated Year Built  TEP 3 Business Payee Tax Information	&E programs by email.	I have read, understood and agree I have provided is true and correct, meets the requirements in this app BLUE INK. SIGN HERE	and the product(s) for rebate is i	nstalled and operat	tional
Required information for all applications		MOVEM			
Tax Status: To be completed by the person or entity receiving payment ("Payee")  Corporation Partnership Individual/Sole Proprietor Exempt (tax of	exempt, nonprofit)	Customer Signature  STEP 7A Contractor	Name (print)	l only for applicatio	Da ons inc
		SIEP /A LUMINIBURO		SA16-SA191	
	ax ID or	By signing below, I certify I am a lic requirements for this HVAC installa	ensed contractor and have follo		mitti
9   4   -   3   3   8   0   5   6   2   OR     -     -	ax ID or	By signing below, I certify I am a lic	ensed contractor and have follo		mittir
		By signing below, I certify I am a lic requirements for this HVAC installa SIGN HERE	ensed contractor and have follo		mittir
Social Security Number for the person or entity receiving payment ("Payee").    9   4   -   3   3   8   0   5   6   2   OR     -     -	t responsible for f greater than	By signing below, I certify I am a lic requirements for this HVAC installa SIGN HERE	ensed contractor and have follo ation or replacement.		mitti.