ADVANTAGE SERVICES
HOME INCENTIVES PROGRAM APPLICATION

CUSTOMER INFORMATION

Account Information: Customer ID: _____ Location ID: _____ (See Upper Right Corner of Bill)

☑ Own ☐ Rent Dwelling Type: ☑ Single-family ☐ Condo/Townhouse ☐ Apartment ☐ Mobile Home

Name on Account: First Name: _____ Last Name: _____

Contact Name: First Name: _____ Last Name: _____

Installation Address: _____ City: Anaheim State: CA Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Make check payable to: Name on Account ☐ or Contact Name ☐

INCENTIVE INFORMATION | For Office Use Only

Item	Replaces Existing?	Purchase Date	Price Paid	Brand	Manufacturer's Model	Incentive Amount	Actual EF/WF

Please print and sign:

I certify that the information is true and correct and that I have read, understand, and agree to the program guidelines.

X_____ _____
Applicant's Signature Date

Mail to: Advantage Services *(see Home Incentive Guidelines and Application Form page for address)*

DO NOT WRITE BELOW THIS LINE

Date Application Returned: _____ Inspection Date: _____ Initials: _____

Inspector's Signature: _____ Total Incentive Amount: $ _____

Date Check Mailed: _____ Check Number: _____ Check Dated: _____