

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
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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 _____ Date _____
Applicant's Signature

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: _____