

SOLAR REBATE FORM FOR LOCKHEED MARTIN
EMPLOYEES

SUNPOWER

YOUR INFORMATION

Name: _____ Department: _____

Address: (Must be same as listed on invoice)

Phone: _____ Work Email: _____

I confirm that I am an employee of the above-noted organization participating in the SunPower Solar Program and the information provided by me in this form is true and accurate. All information listed is subject to verification.

Signature

Date

SYSTEM INFORMATION

Dealer Name: _____ Invoice Date: _____

Module Type: _____ Qty: _____ System Size DC (watts): _____

Available Rebate: \$.35/W
(Up to 5kW)

System Rebate Amount: _____
(Max rebate \$1,750)

Documents required for Verification:

1. Dealer Invoice - must have name of participating Dealer and DC wattage listed
2. Proof of Payment (dealer receipt, cancelled check, credit card statement, etc.)

Please FAX all documents to: Beneplace, Inc. 866-795-0155

Or Email documents to: sunpower@beneplace.com

All claims must be received within 90 days of the final invoice date or it will be invalid. Claims submitted without proper documentation and signatures will be subject to delays and/or cancellation. Please allow 6 to 8 weeks for processing.

Rebate Administrator: Beneplace, Inc.

I confirm that the information provided in this rebate form is true and accurate and that the identified Individual is a member of the participating organization referenced above.

Administrator Authorization:

Beneplace Representative

Date