

Along with this competed application form, we will also need:

□ Completed Rebate Allocation Request from

□ A signed MOU agreement

#### **PSO HVAC Distributor Program**

#### **HVAC Distributor Application**

PSO is pleased to partner with Distributors to stock, promote, and sell energy efficient equipment to generate long-term energy savings for PSO business customers.

Need help? Call 888.776.1366 for assistance. Submit the completed application via email to Businesses@PowerForwardWithPSO.com or fax to 877.568.2501. A. Distributor Information Distributor Name: Brands: **Primary Contact** Name: Street Address: City: State: Zip: Fax: Please provide a point of contact for inquiring Service Providers and Customers Name: Email address: Phone: **B.** Distributor Payment Information If different from above, please indicate where rebate payments should be mailed. Company Name: Street Address:

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_



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### **HVAC Distributor Application**

C. General Program Design		
How much or what percentage of the rebate will be passed along to Service Providers/Customer?		
Do you plan to provide any of the rebate amounts to your employees?		
If yes, how much or what percentage will be given?		
Do you expect to have any marketing promotions that could help you meet your Program commitments?		
If yes, please describe your plans:		
D. General Program Design		
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If yes, how much or what percentage will be given?		
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If yes, please describe your plans:		



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#### E. Planned Training and Outreach

Dutline plans for training or outreach your company plans to provide (in addition to any training provided by the Program) hat will contribute to the success of PSO Business Rebates HVAC Midstream program			

For Service Providers:		
For Your Internal Staff:		
F. Service Pr	ovider Recruitment and Follow-Up	
	ne Program to: Your entire Service Providers base or A select group of Service Providers	
If you are offering to a select group of Service Providers, by what criteria?		
	an to generate initial interest among your Service Providers, and what role will your Territory in getting Service Providers interested?	
How do you pla a regular basis	an to follow-up with your Service Providers to ensure that they submit qualifying equipment to you on , and what role will your TMs play in this follow-up?	



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G. Online Rebate Application Center Credentials			
User information needed to create profiles and login credentials for www.psomidstream.com.			
First Name:	Last Name:		
Email address:			
Phone:			
First Name:	Last Name:		
Email address:			
Phone:			
First Name:	Last Name:		
Email address:			
Phone:			

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