



## Customer Mail-In Rebate Form

**\*All forms must be postmarked within five (5) calendar days from the purchase date\***

**\*Forms not postmarked within five (5) calendar days from the purchase date will be declined\***

Please complete this form in its entirety, sign, attach a bill of sale containing the manufacturer and model number and send to:

SC Appliance Rebate Processing  
PO Box 1009  
Campobello, SC 29322

Or scan your form and receipt and email to: [sceorebates@csaas.com](mailto:sceorebates@csaas.com)

For questions or support, please call: 888.723.6344

Information required for all items marked with an \*.

All purchases must occur between January 27, 2012 and February 5, 2012. Purchases occurring before or after these dates do not qualify.

### Customer Information

\*Customer Name: \_\_\_\_\_

\*Customer Address: \_\_\_\_\_

\*Customer Phone Number: \_\_\_\_\_

Customer email (if available): \_\_\_\_\_

### Store Information

\*Store Name: \_\_\_\_\_

\*Store Address: \_\_\_\_\_

\*Store Phone Number: \_\_\_\_\_

\*Transaction Date: \_\_\_\_\_

\*Purchase Price (before taxes): \_\_\_\_\_

### Rebate Information:

\*Appliance Type (one rebate form per appliance type, please):

Clothes Washer (\$100) \_\_\_\_\_ Dishwasher (\$50) \_\_\_\_\_ Refrigerator (\$50) \_\_\_\_\_ Room A/C Unit (Window Unit) (\$50) \_\_\_\_\_

\*Manufacturer: \_\_\_\_\_

\*Model Number: \_\_\_\_\_

### Customer Certification:

**I understand if this form or receipt is not legible or if it is not completed properly in its entirety and if a receipt reflecting the purchase of the appliance containing the manufacturer and model number is not included, my rebate application will not be processed.**

I understand that in order to receive a rebate on this ENERGY STAR appliance I have either allowed for haul away and proper disposal of my old appliance by my retailer or ensured my old appliance was properly disposed of in accordance with state law.

I understand that I am eligible to receive only one rebate per household per appliance type during this program.

I understand the SC Energy Office, the US Department of Energy and the US Inspector General's Office reserve the right to audit my rebate application and purchase.

\_\_\_\_\_  
Customer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name