



RESIDENTIAL APPLIANCE CREDIT PROGRAM

\$ 1 0 0 C R E D I T R E Q U E S T F O R M

The Gas Company Account # (where installed) _____

Name on Account (where installed) _____

Residential Address (where installed) _____

City _____ Zip _____

Home Phone _____ Other Phone _____
[] Business [] Cell

Previous Appliance Energy Type (check one)

Range: [] Electric [] Gas [] Other (list) _____ **Water Heater:** [] Electric [] Gas [] Other (list) _____

Cook Top: [] Electric [] Gas [] Other (list) _____ **Clothes Dryer:** [] Electric [] Gas [] Other (list) _____

Oven: [] Electric [] Gas [] Other (list) _____ **None:** []

CREDIT REQUESTED FOR NEWLY INSTALLED RESIDENTIAL GAS APPLIANCE (\$100 credit to your gas bill)

Check Appliance: [] Water Heater [] Cook Top [] Oven [] Range [] Clothes Dryer

Date of Purchase _____ Date Appliance Installed _____ Model # _____ Serial # _____

Name of Plumber _____

Plumber's Address _____ City _____ Zip _____

Plumber's Phone Number _____ License No. _____

Check Appliance: [] Water Heater [] Cook Top [] Oven [] Range [] Clothes Dryer

Date of Purchase _____ Date Appliance Installed _____ Model # _____ Serial # _____

Name of Plumber _____

Plumber's Address _____ City _____ Zip _____

Plumber's Phone Number _____ License No. _____

[] Original sales receipts from the purchase of my new gas appliance(s) are enclosed

HOMEOWNER CERTIFICATION

I hereby certify that the information provided is true and correct and that, if a plumber is not listed above that I, as homeowner, personally installed the gas appliance(s) listed herein in accordance with the manufacturers instructions and further agree to the terms and conditions stated on this form.

Signature _____

Print Name _____ Date _____

Mail completed form and original sales receipts to: The Gas Company
Residential Appliance Credit Program
P.O. Box 3000
Honolulu, Hawaii 96802

All material provided will become the possession of The Gas Company and will not be returned.

For questions, log on to www.hawaiigas.com or call:

Oahu (808)535-5933 **Hilo** (808)935-0021 **Kona** (808)329-2984 **Maui** (808)877-6557 **Kauai** (808)245-3301 **Lanai/Molokai** (800)828-9359

TERMS AND CONDITIONS

- Appliance installation must be completed within two months of purchase.
- The Credit Request Form must be completed in full by the owner of the home where the appliance was installed.
- Credit will be applied to the homeowner's TGC gas account within 60 days from the date of receipt of a fully completed Credit Request Form.
- New gas appliances MUST be installed on TGC's gas system.
- The new appliance original sales receipt indicating the date of purchase, store name and address and type of gas appliance(s) purchased must accompany the Credit Request Form.
- Limit one credit per each type of appliance per gas account.
- The Gas Company reserves the right to alter or discontinue this program at any time without prior notice.
- The Gas Company will not be responsible for lost or stolen mail.
- Cannot be combined with any other offer.

Be sure to completely fill out and submit all information. Incomplete forms will not receive credit.