



Ohio Edison • The Illuminating Company • Toledo Edison

Dual Incentive Request Form

Application ID Number:	Account Number (Required):
Applicant Company Name:	

When you, the authorized Customer signing below, apply for a rebate through FirstEnergy's Ohio Commercial Lighting Program from the Ohio Edison Company, The Cleveland Electric Illuminating Company, and The Toledo Edison Company (collectively FirstEnergy's Ohio electric companies), you have the option of splitting the approved incentive amount into two (2) payment checks. When you complete and submit this form, you can assign any percentage of the approved incentive to be paid directly to the third party listed in the authorization box below. Please note the following:

- Customers must authorize the payment of any incentives to a non-participant (any third party). Without the authorized Customer's consent, an incentive check will not be issued to a third party.
- Submission of this form will override any third-party authorization entered through the online application portal form.
- This form is applicable to the FirstEnergy's Ohio Commercial Lighting Program; a separate authorization must be submitted for each application.

This authorization may be cancelled or changed by the authorized Customer at any time prior to final application approval by providing a written notice to the program. Changes and cancellations will result in a confirmation email to both the authorized Customer and the third party.

A signed W-9 form is required for all parties designated to receive incentives. No portion of an approved incentive will be paid to either party until all required documentation is received by the program.

Authorization for Split Incentive Payment to Third Party

Please note that the percentage of the incentive payment indicated below will be paid to the third party listed below, as authorized by the participant.

Payable To:	Representative Contact:		
Mailing Address:	City:	State:	Zip:
Phone:	Email Address:	Tax ID (SSN/FEIN):	

Percentage of approved incentive amount to be paid to the third party noted above % _____

Customer Signature: _____

Print Name: _____ Date: _____

By signing, I certify that I have read, understand and agree to the terms and conditions listed on the program website (Application Number referenced above) and that I am authorized to sign on behalf of the participant. I hereby release the payment of a portion of the approved incentive to the third party listed.

Funds for this program are limited and subject to availability. Rebate amounts and this rebate program are subject to change, including termination, without prior notice. For program details, please visit energysaveOH-bizsolutions.com or call 888-798-2002.