



Referred by: _____
Name of SCANA Employee

CUSTOMER REBATE FORM

APPLICANT INFORMATION

NAME: _____ TELEPHONE: _____

INSTALLATION ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SCE&G ACCOUNT NUMBER [IF APPLICABLE]: - - -

NAME ON SCE&G ACCOUNT: _____

APPLICANT ADDRESS [IF DIFFERENT THAN ABOVE]: _____

CITY: _____ STATE: _____ ZIP: _____

APPLIANCE TYPE	REBATE	QTY	MANUFACTURER	MODEL NUMBER	SERIAL NUMBER	PURCHASE DATE	INSTALLATION DATE
Natural Gas Heating System	\$200						
Natural Gas Water Heater	\$200						
Natural Gas Tankless Water Heater	\$200						
Natural Gas Logs	\$50						
Natural Gas Range and Cooktop	\$50						

INSTALLER INFORMATION

COMPANY NAME: _____ TELEPHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

LICENSE NUMBER: _____

INSTALLER SIGNATURE: _____ DATE: _____

1. Installed system must use Natural Gas as the primary fuel source.
2. Certain restrictions apply. Call 1-866-913-9764.
3. Rebates are issued as a bill credit. Please allow 6-8 weeks for rebate processing.
4. Must have proof of installation attached to this form in order to process rebate offer.
5. Customer should send a copy of their invoice showing the converted installation to:

SCE&G Gas Support
Mail Code C202
220 Operations Way
Cayce, SC 29033-3701