

Customer Participation Form



Appliance Recycling Program | 1-844-356-4608

ATO #: _____

Event Date: _____

To expedite processing of your rebate, please write legibly.

PSE&G Electric Account Holder:

Customer Name: _____ Account Number: _____

Email: _____ Phone Number: _____

PSE&G Electric Account Address:

Address: _____ City: _____ State: _____ ZIP Code: _____

Payee Address (if different from address above):

Address: _____ City: _____ State: _____ ZIP Code: _____

To be filled out by a PSE&G Appliance Recycling Program Representative:

Unit Type	Brand	Model	Age/Size

Appliances (list quantity): Room A/C Dehumidifier

Terms and Conditions

PSE&G has contracted with SEEL, LLC to implement the Residential Appliance Recycling Program. To participate, you must sign this form agreeing to all terms and conditions listed below.

I have requested to have my qualifying appliance(s) properly recycled through PSE&G's Appliance Recycling Program. By signing this form, I authorize PSE&G's partner, SEEL, LLC, to remove my appliance for recycling. I certify and represent that I am a PSE&G residential customer receiving electric service; I am the owner of, or the authorized representative of the owner of, the above appliance; and this ownership is free of liens, security interests, or other encumbrances. I hereby transfer ownership of said appliance to SEEL, LLC.

I confirm that the appliance meets all PSE&G requirements for participation in this program. I also understand that my appliance must meet the Appliance Recycling Program requirements to be eligible for the incentive check if PSE&G's program offers an incentive.

If the appliance does not meet participation requirements, I understand and agree that I will not receive a rebate.

Signature of Owner/Representative: _____