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CUSTOMER CONTRACTOR INFORMATION

If you have an existing relationship with a contractor that you intend to contract with to perform the work for an approved ESA CAM Program Project, please provide the contractor information below, otherwise leave this section blank. Prior to all ESA CAM Projects being approved and installed, Customer must provide the Project Contractor information below.

Contractor Name

Contractor Company

Contractor Phone

Contractor Email

Contractor Company Address (must match W-9)

City

State

Zip

- ☐ Please check this box if you wish to sign over the Project incentive to the contractor listed above (optional). The incentive may only be assigned, provided the contractor submits the Project completion W9 tax information.

By signing this ESA CAM Program Customer Application Agreement (Application Agreement), I agree:

- I am the Property owner or have the requisite Property owner's authority to sign this Application Agreement, to perform the Project obligations, and have read, understood and further agree to be bound by the ESA CAM Program and Policy participation requirements at www.ESACOMMONAREA.com and the ESA CAM Program participation terms and conditions attached below, (collectively the Program Rules).



Electronic Signature

(Please type your first and last name)

Date

Title

- ☐ I understand checking this box constitutes a legal signature confirming my acknowledgment and agreement to the above statement.