



SUN VALLEY SOLAR
SOLUTIONS

\$300

Referral Form

Date: _____

Their Name (Potential Solar Customer *Referree*):

First: _____ Last: _____

Property Address: _____

City: _____

State: Arizona Zip: _____ Phone: _____

Email: _____

Any Other Details: _____

Your Sun Valley Solar Integrator / Salesperson (if

applicable): _____

Your Name (*Referrer, the one who is receiving the check*):

First: _____ Last: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

To ensure you receive your \$300, return this completed form to Sun Valley Solar via email, fax or regular mail.

Email: referrals@sunvalleysolar.com

Fax: 480-659-3429

Mail: c/o Referrals, Sun Valley Solar Solutions, 3235 N. Arizona Ave., Suite D7, Chandler, AZ 85225

Allow 30-45 days from date of referee customer's completed solar installation for processing your check. Only one referrer will be paid for each system installed. W9 form (taxpayer identification form) required for multiple referral fees paid.