



Payment Credit Transfer Form

All MA SMART Program applicants must provide this form and required documentation as a condition of incentive claim validation.

This Application is being submitted for the following project type (please select one):

Solar Tariff Generation Unit

The information is for the following circumstance (please select all that apply):

New system application Change in system ownership

Owner's Information

Owner Name (legal name): **{full_name: System Owner}**

Owner Company (if applicable): **{data: System Owner Company}**

Street Address: **{data: System Owner Line 1 }** **{data: System Owner Line 2 }**

City: **{data: System Owner City }** State: **{data: System Owner State }** ZIP: **{data: System Owner Zip Code }**

Contact Name (if different from legal name): **{full_name: System Owner}**

Telephone: **{data: System Owner Phone }**

Email(s): **{data: System Owner Email }**

Owner's Authorized Agent (if different than Owner):

Authorized Agent Name (legal name): **{full_name: Applicant}**

Authorized Agent Company (if applicable): **{data: Applicant Company}**

Street Address: **{data: Applicant Line 1 }** **{data: Applicant Line 2 }**

City: **{data: Applicant City }** State: **{data: Applicant State }** ZIP: **{data: Applicant Zip Code }**

Contact Name (if different from legal name): **{full_name: Applicant}**

Telephone: **{data: Applicant Phone }**

Email(s): **{data: Applicant Email }**





Street Address: {data: System Location Line 1 } {data: System Location Line 2 }

City: {data: System Location City } State: {data: System Location State } ZIP: {data: System Location Zip Code }

Interconnection Application Number/Work Order: {data: ISA Number }

Host Facility Unitil Electric Account Number: {data: Account Number }

Payment Information

Payments of Incentives will be attributed to the Owner under the legal name above for tax purposes. All system owners must provide a separate Form W-9 through the SPA Portal. The Owner's Name and the Legal Name information on the W-9 must match information provided on this form.

Please provide instructions below on where Unitil should send the payments.

- Send Payment for Incentives to: **Payee**
- Send Payment for Incentives by: {data: Payment Method }

If by check, please indicate delivery address:

Location Name: {full_name: Payee}

Location Company (if applicable): {data: Payee Company}

Street Address: {data: Payee Line 1 } {data: Payee Line 2 }

City: {data: Payee City } State: {data: Payee State } ZIP: {data: Payee Zip Code }



Lock Box, Account Number or Other Note:



IN WITNESS WHEREOF, I certify that the information provided above is true and correct this

INSERT PROJECT OWNER NAME, as
APPLICANT/NEW PROJECT OWNER

By:

Name: **{full_name: System Owner}**
Company (if applicable): **{data: System Owner
Company}**

Title: