

CENTRAL HUDSON GAS & ELECTRIC CORPORATION

Customer Account Services

284 South Avenue, Poughkeepsie, New York 12601

845-452-2700 or 1-800-527-2714

Fax 845-486-5658

COMMERCIAL/INDUSTRIAL CUSTOMER APPLICATION

Section I: Please Print

Only

Name on Account _____

Address _____

No. _____

Street

City

Zip

Mailing Address _____

Street

City

Zip

Telephone Number (____) _____

Owner's Name (Parent Corp): _____

Owner's Address _____

Street

City

Zip

E-mail Address: _____ Cell Phone No. (____) _____

Type of Business _____ TIN# _____ State _____

nt _____

Corp ____ D/B/A ____ Partnership ____ Other _____

(Note: Documents substantiating the above information may be required i.e. lease, deed, business certificate)

Present or previous service information:

Date of last service _____ Address _____

Section II: Please Print

Central Hudson requests that you complete the following section accurately so that we may place your account on the proper service classification. Since different eligibility requirements and rates for the various service classifications exist, the information you provide below will assist the Company in classifying your account on the appropriate service classification and rate that is most beneficial for you. Your load characteristics determine your eligibility for various rates within a service classification. If you become aware that your load characteristics will change as a result of new equipment or increased usage, you should notify Central Hudson in order to assure that you are being billed properly. If the information provided by you is inaccurate or incomplete, you may be subject to back billing on the correct service classification or may not receive a refund for overcharges based on improper service classification. Customer Service Representatives are available to discuss questions you may have regarding service classifications. A complete copy of our Company's tariff, which describes each service classification in detail, is available at our office.

ELECTRIC CONNECTED LOAD:

LOAD _____ 1 ph _____ 3 ph _____
MOTOR: NO. _____ hp _____ hp
LIGHTING: _____ kw _____ kw
HEATING: _____ kw _____ kw
CONTROLLER _____
A/C NO. _____ kw _____ kw
REFRIGERATION: _____ kw _____ kw
OTHER: _____ kw _____ kw

GAS CONNECTED LOAD:

HEATING: _____ BTU
ALL OTHER APPLIANCES _____ BTU
ACCESS _____

(Address or phone number)

PRINT NAME _____ SIGNATURE _____
TITLE _____

Section III: Office Use

Application

Account No. _____

SIC _____

Date of Unlk. _____

Deposit Amou

DATE _____ COMPANY _____
REPRESENTATIVE _____
