

COMMERCIAL ACCOUNT APPLICATION / INDUSTRIAL ACCOUNT APPLICATION



Central Hudson requests you complete Sections I-V 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 in the appropriate service classification and rate which is most beneficial to you. Your load characteristics and nature of business determine your eligibility for various rates within a service classification. Should there be a change in usage or equipment at a future date, you must notify Central Hudson to assure that you are properly billed. If this application is for a Religious Organization, Community Residence or Veterans' Organization and Central Hudson denies you residential rates, you may submit a request in writing that Central Hudson inspect the premise and review the rate based on the results of this field inspection. You may also appeal the rate classification to the Public Service Commission. 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 the improper service classification. Representatives are available to assist you with any questions or concerns you may have regarding service classification. [Click here to see your Business Customer Rights](#). A copy of our tariff, which describes each service classification in detail, is available on our website at CentralHudson.com.

SECTION I: Account/Commercial Details *(Please print and complete all sections)*

Name on Account: _____

Service Address: _____
Street City Zip

Mailing Address: _____
Street/P.O. Box City Zip

Phone #: _____ Email: _____

Owner Name or Parent Company: _____

☐ Corporation ☐ DBA ☐ Partnership ☐ LLC

Nature of Business (*i.e., accounting firm, hardware store, restaurant, etc.*): _____

SSN/EIN# _____ State of Organization: _____

Present or Previous Service Information:

Start and end date of last service (Month/Year): _____ to _____

Utility Company (if other than Central Hudson): _____

Service address of last service: _____
Street City Zip

☐ No present or previous service

SECTION II: Authorized Signers *(Please print)*

Signer I:

Name: _____
First Name Last Name

Title: _____

Address: _____
Street City Zip

Phone #: _____

Social Security #: _____

Driver's License #: _____ State: _____ Exp: _____

Signature: _____

Signer II:

Name: _____
First Name Last Name

Title: _____

Address: _____
Street City Zip

Phone #: _____

Social Security #: _____

Driver's License #: _____ State: _____ Exp: _____

Signature: _____

COMMERCIAL ACCOUNT APPLICATION / INDUSTRIAL ACCOUNT APPLICATION



SIGNER III: Load Details *(Please print)*

<u>Electric Connected Load</u>			<u>Gas Connected Load</u>	
<u>LOAD</u>	<u>10</u>	<u>30</u>	<u>LOAD</u>	
Motor # _____	_____ HP	_____ HP	Heating	_____ BTU
Lighting	_____ KW	_____ KW	All Other Appliances	_____ BTU
Heating	_____ KW	_____ KW	<u>Access Controller</u>	
A/C # _____	_____ KW	_____ KW	Name: _____	
Refrigeration	_____ KW	_____ KW	First Name Last Name	
Other _____	_____ KW	_____ KW	Address: _____	
			Street City Zip	
			Phone #: _____	

SECTION IV: *(Check the appropriate box)*

Public Service Law Section 76 permits any corporation or association organized and conducted in good faith for religious purposes, certain community residences, and Veterans Organizations to receive service at rates no greater than the rates charged to residential customers. If you meet one of the following criteria, please check the applicable box:

- ☐ Location is post / hall owned or leased by a not-for profit corporation that is a Veterans' Organization.
- ☐ Location will be used as a Community Residence occupied as a supervised or supportive living facility (as defined by Mental Hygiene Law, Section 1.03, Subdivisions 28a and 28b); the location provides living accommodations for 14 fewer residents and will be operated by a not-for-profit organization.
- ☐ Location will be used solely for religious purposes by the Religious Organization which is applying for service.
- ☐ Not Applicable

SECTION V: *(Please print)*

Name: _____ Company/Representative: _____
First Name Last Name

Signature: _____ Date: _____

SECTION VI: *(Office use only – leave blank)*

Application #: _____ SIC Code: _____ Deposit Amount: _____

Contract Account #: _____ Date of Unlock: _____

Comments: _____