Central Hudson Gas & Electric Corporation 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 in order 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)		Section II: Authorized Signers (Ple	ease Print)	
Name on Account:		Signer I: Name:		
Service Address:		First Name	Last Name	
Street City Mailing Address:	Zip	Title:		
Street City Telephone: Email:	Zip	Address:Street	City	Zip
Owner Name or Parent Company:		Phone #: Social Security #: Driver's License #: Signature:	State: Exp:	_
SSN/EIN# State of Organization Present or Previous Service Information:	_	Signer II: Name: First Name	Last Name	
Date of Last Service (Month/Year):		Title:		
Utility Company (if other than Central Hudson):		Address:Street		
Address of Last Service:		Phone #:	City 	Zip
Street City	Zip	Social Security #:		
No Present or Previous Service		Driver's License #:Signature:		
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Section III: Load Details (Please Print)				
Electric Connected Load				
<u>LOAD</u>	<u>10</u>	<u>30</u>		
Motor #	HP	HP		
Lighting	KW	KW		
Heating	KW	KW		
A/C#	KW	KW		
Refrigeration	KW	KW		
Other	KW	KW		

Gas Connected Load		
<u>LOAD</u>		
Heating	BTU	
All Other Appliances	BTU	
Access Controller		
Name		
First	Last	
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 will provide living accommodations for 14 or 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:					
Print Name:	Company/Representative:				
Signature:	Date:				
First Last					
Section VI (Office Use Only - Leave Blank):					
Application #:	SIC Code:	Deposit Amount:			
Account #:	Date of Unlock:				
Comments:					

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