

# 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](http://CentralHudson.com).

### **Section I: Account/Commercial Details (Please Print and Complete All Sections)**

Name on Account: \_\_\_\_\_

Service Address: \_\_\_\_\_  
Street City Zip

Mailing Address: \_\_\_\_\_  
Street City Zip

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Owner Name or Parent Company: \_\_\_\_\_  
Corporation \_\_\_ D/B/A Partnership LLC

Nature of Business (i.e. Accounting firm, Hardware store, Restaurant, etc.):  
 \_\_\_\_\_

SSN/EIN# \_\_\_\_\_ State of Organization \_\_\_\_\_

Present or Previous Service Information:

Date of Last Service (Month/Year): \_\_\_\_\_

Utility Company (if other than Central Hudson): \_\_\_\_\_

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: \_\_\_\_\_

