

**Central Hudson Gas & Electric Corporation**  
**Commercial Account Application / Industrial Account Application**



Central Hudson requests you complete Sections I - III 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 classifications. [Click here to see your Business Customer Rights.](#) A complete copy of our tariff, which describes each service classification in detail, is available on our website at [www.cenhud.com](http://www.cenhud.com).

**SECTION I: Please Print**

Business Name \_\_\_\_\_

Service Address \_\_\_\_\_

Street City Zip

Mailing Address \_\_\_\_\_

Street City Zip

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

Owner Name or Parent Company \_\_\_\_\_

Owner Address \_\_\_\_\_

Street City Zip

Nature of Business: \_\_\_\_\_ SS#/EIN#: \_\_\_\_\_ State of Organization: \_\_\_\_\_

Corporation  D/B/A  Partnership  LLC

Present or Previous Service Information: \_\_\_\_\_

Date of Last Service: \_\_\_\_\_

Address \_\_\_\_\_

**SECTION III: Please Print**

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

**\*\*NOTE: Documents substantiating the above business entities are required for all commercial and industrial accounts.**

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_ Company/Representative \_\_\_\_\_

**SECTION IV: Office Use Only**

Application #: \_\_\_\_\_ SIC Code: \_\_\_\_\_ Deposit Amount: \_\_\_\_\_

Account #: \_\_\_\_\_ Date Processed: \_\_\_\_\_

**SECTION II: Please Print**

**Authorized Signers**

**Signer I:**

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Social Security # \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Exp. \_\_\_\_\_

Signature \_\_\_\_\_

**Signer II:**

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Social Security # \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Exp. \_\_\_\_\_

Signature \_\_\_\_\_

**Access Controller:**

Name \_\_\_\_\_

Telephone Number \_\_\_\_\_