

**CENTRAL HUDSON GAS & ELECTRIC CORPORATION  
COMMERCIAL/INDUSTRIAL CUSTOMER APPLICATION**

**Section I: Please Print**

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

Address \_\_\_\_\_  
Street City Zip

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

Telephone Number(\_\_\_\_) \_\_\_\_\_

Owners Name(Parent Corp): \_\_\_\_\_

Owners Address \_\_\_\_\_  
Street City Zip

Type of Business \_\_\_\_\_ TIN# \_\_\_\_\_ State \_\_\_\_\_

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 III: Office Use Only**

Application No. \_\_\_\_\_

Account No. \_\_\_\_\_

SIC \_\_\_\_\_

Date of Unlk. \_\_\_\_\_

Deposit Amount \_\_\_\_\_

**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 which is most beneficial for you. Your load characteristics determine your eligibilty 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 backbilling 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 \_\_\_\_\_ 10 \_\_\_\_\_ 30

MOTOR: NO. \_\_\_\_\_ hp \_\_\_\_\_ hp

LIGHTING: \_\_\_\_\_ kw \_\_\_\_\_ kw

HEATING: \_\_\_\_\_ kw \_\_\_\_\_ kw

A/C NO. \_\_\_\_\_ kw \_\_\_\_\_ kw

REFRIGERATION: \_\_\_\_\_ kw \_\_\_\_\_ kw

OTHER: \_\_\_\_\_ kw \_\_\_\_\_ kw

**GAS CONNECTED LOAD:**

HEATING: \_\_\_\_\_ BTU

ALL OTHER APPLIANCES \_\_\_\_\_ BTU

ACCESS CONTROLLER \_\_\_\_\_

\_\_\_\_\_  
(Address or phone number)

PRINT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

DATE \_\_\_\_\_ COMPANY REPRESENTATIVE \_\_\_\_\_