

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)

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: _____

