



# APPLICATION FOR NON-RESIDENTIAL CUSTOMERS

This is your application for electric service. As a customer, you agree to pay for the service supplied at the rates, charges and terms of your service classification prescribed in the Long Island Power Authority’s tariff for electric service and rate schedule.

Service classification and rates may change from time to time and our service will be supplied in accordance with all such changes. A copy of our current non-residential rate schedule is provided with this application, and the tariff is available in every Customer Service Center and online at [www.psegliny.com](http://www.psegliny.com). Customer Representatives are also available to answer questions and provide assistance in our Business Call Center at **1-800-966-4818** (within the Metro NY area) or **631-755-3417** (outside the Metro NY area).

In addition, we have provided a brochure that details your rights as a non-residential customer. It also explains our obligations and procedures for handling any inquiries you may have.

I have received the Non Residential Rate Schedule and Non Residential Customer Rights Booklet

Customer Initial Here \_\_\_\_\_

Please read all questions and answer them to the best of your knowledge.

**Please make sure this application is signed, notarized, and has been initialed in all the appropriate places before returning it to PSEG Long Island.**

*(Notary requirement is waived for customers with active, existing commercial accounts under the same name.)*

## ACCOUNT INFORMATION *(Please print)*

### Applicant Information

Account Name _____	D/B/A _____
Service Address _____	Town _____, NY Zip _____
Location Identifier _____	Meter # <i>(if available)</i> _____
Mailing Address _____ <i>(if different from service address)</i>	Town _____ State _____ Zip _____
Telephone: <i>(business)</i> _____	<i>(home)</i> _____ <i>(contact)</i> _____
Fax #: _____	
Tax ID Number: _____	Tax Status*: <input type="checkbox"/> taxable <input type="checkbox"/> tax-exempt <input type="checkbox"/> municipality
Email: _____	Link to Existing Summary Account #: _____

**\*NOTE: You will be charged sales tax if Tax-Exempt Certificate is not supplied. In the case of municipalities, you must provide supporting documentation of tax exempt status, in lieu of Tax-exempt Certificate.**

### Start Date

Is there electric service to the location/space now? <input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date: _____	Do you? <input type="checkbox"/> Own <input type="checkbox"/> Rent
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### Principal Officers, Partners or Owners of Business

<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Individual	<input type="checkbox"/> Not for profit
1. Name _____	Title _____	Telephone: _____	
2. Name _____	Title _____	Telephone: _____	
3. Name _____	Title _____	Telephone: _____	
The above referenced corporation/business is duly organized and existing under the laws of _____ (Name of State)			

### Account Information

If you had a non-residential account in the past or if you currently have a non-residential account please complete this section. *(circle one)* **CURRENT** or **FORMER** account information.

Account Name _____	Address _____
Town _____ State _____	Zip _____ Account Number _____
If this is an active account, do you want the service shut off? <input type="checkbox"/> Yes	If yes, indicate shut off date _____ <input type="checkbox"/> No

### Meter Access Information

In order to provide bills based on actual readings, we must have access to your meter. When access cannot be obtained for a specified period, you or the person controlling access to the meter will be subject to non-access charges and possible termination of service as specified in the tariff. If you do not control access to your meter, please fill in this section.

Landlord Name _____	Address _____
Phone Number _____	Business Hours _____
Who Controls access to your meter? Name _____	
Address _____	
Town _____ State _____	Zip _____ Telephone _____

## Service and Rate Classification Information

It is important to answer the following questions accurately. PSEG Long Island will help you choose the service classification which is most appropriate for your current needs, based on the information you provide. There are eligibility requirements for each service classification and you may qualify for more than one and one service classification may be more beneficial than another. The cost of electric service may vary depending on the service classification. In classifying your service, we may rely on the information that you provide us. If service information you provide is inaccurate or incomplete, you may be subject to back billing or may be precluded from receiving a refund for overcharges from the resulting incorrect billing. If your use of service or equipment changes in the future, you must notify PSEG Long Island, so that you may be properly billed. Questions about service classification may be discussed with our customer representatives. The tariff for electric service, which is on file in every Customer Service Center and online at [www.psegliny.com](http://www.psegliny.com), describes each service classification in detail.

Customer Initial Here \_\_\_\_\_

### A. Premises Used For:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Multi-family with _____ apartments | <input type="checkbox"/> Restaurant/Catering | <input type="checkbox"/> Theatre                         |
| <input type="checkbox"/> Factory                            | <input type="checkbox"/> Hospital            | <input type="checkbox"/> Other                           |
| <input type="checkbox"/> Warehouse                          | <input type="checkbox"/> Nursing/Adult Home  | <input type="checkbox"/> <b>Seasonal (see last page)</b> |
| <input type="checkbox"/> Store                              | <input type="checkbox"/> School              | <input type="checkbox"/> <b>Religious Institution**</b>  |
| <input type="checkbox"/> Office                             | <input type="checkbox"/> Day Care Center     | <input type="checkbox"/> <b>Veterans Organization**</b>  |
|   |  | <input type="checkbox"/> <b>Community Residence**</b>    |

1. Is the premises owned or operated by a religious institution where the electric is used predominantly for religious purposes?  
 Yes  No Supporting documentation provided  Yes  No
2. Will the premises be used as a Veterans organization or Community residence for the mentally ill, operated by a not-for-profit, without staff on-premises 24-hours a day?  Yes  No Supporting documentation provided  Yes  No

**\*\* NOTE: Religious institutions, veterans organizations and qualified community residences may choose service under an appropriate residential or non-residential service classification, subject to a minimum term of one year. Proper supporting documentation must be submitted with this application.**

Customer Initial Here \_\_\_\_\_

### B. General Service Classification Information:

1. Will the same electric equipment as the prior customer be used?\*\*\*  Yes  No
2. Is there any significant change in use from the previous customer?  Yes  No

Describe Change: \_\_\_\_\_  
\_\_\_\_\_

3. Do you have permanently installed electric space heating?  Yes  No

**If your electric equipment or usage is changed from the previous customer; or if you have permanently installed space heating, please provide the following information:**

Estimated Monthly Connected Demand (kw/Month)

- Lights \_\_\_\_\_
- Motors \_\_\_\_\_ HP \_\_\_\_\_
- Common area load, including hall lighting, elevators, etc.  
\_\_\_\_\_
- Air Conditioning \_\_\_\_\_
- Miscellaneous Equipment \_\_\_\_\_
- Electric Heating \_\_\_\_\_

TOTAL \_\_\_\_\_ kW

Estimated Monthly Electric Demand

- Less than 7 KW  7 KW or more
- Over 145 KW (June-Sept)  unknown  
or 500 KW (Oct-May)

Size of your premises: \_\_\_\_\_  
(square feet)

**\*\*\*NOTE: An electric load letter is required if there is no existing service. An electric load letter may be required if there will be a significant increase or decrease in electric usage (as determined by us) from the previous occupant. An electric load letter can be obtained from your electrician or architect/engineer.**

Customer Initial Here \_\_\_\_\_

**Deposit Information**

As a new customer, you are required to provide a monetary deposit when applying for service. The deposit will not exceed twice the average monthly usage during your peak season. Interest is paid on all deposits. You may request that your account be reviewed to assure that the deposit is not excessive. Deposit alternatives that provide a level of security equivalent to cash, such as irrevocable bank letters of credit and surety bonds, may be accepted.

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

**Service Initiation Charge (check one)**

- Turn-on, New Set, Pole cut-on - \$220.00
- Change name - \$60.00
- Landlord-Change Name-Vacant - N/A (charge will not be applied to an account transferred to a landlord for the vacant time period between tenant occupancy if power has not been disconnected.)

**Seasonal**

- Seasonal • \$80.00 reconnect fee for returning seasonal customers

Rate Code Assigned \_\_\_\_\_

Customer Initial Here \_\_\_\_\_

**Customer Commitment/Signature/Customer Certification of Application**

Application submitted by *(circle appropriate letter)*

- a. I am the owner of the real property onto which proposed service facilities shall be installed and further, I am aware PSEG Long Island is not responsible for permanent restoration on private property.
- b. I have obtained the permission of the owner to install electric service facilities and further, that said owner is aware that PSEG Long Island is not responsible for permanent restoration on private property.
- c. Service is requested through existing facilities.

I/We agree to pay for service supplied to the premises applied for in this application at the rates, charges and terms in accordance with the provisions of the tariff for electric service, and any applicable laws, regulation or ordinance. To the best of my/our knowledge, the information provided here is accurate and no attempt has been made to misrepresent the facts.

**X** \_\_\_\_\_  
 Signature of owner, officer or authorized agent      Print Name and Title      Date signed

STATE OF \_\_\_\_\_ )  
 COUNTY OF \_\_\_\_\_ )

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me personally came \_\_\_\_\_, to me known to  
(day) (month) (year) (individual)  
 be the individual described in the foregoing instrument in his capacity as \_\_\_\_\_ of  
(title)  
 \_\_\_\_\_, the corporation described in and which executed the foregoing instrument, who being duly  
(company)  
 sworn did acknowledge that he/she executed same on behalf of \_\_\_\_\_, and that he/she  
(company)  
 was authorized to execute same on behalf of \_\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

**For Company Use Only**

Account Number \_\_\_\_\_ Notification Number \_\_\_\_\_  
 Category Code \_\_\_\_\_ Rate Code \_\_\_\_\_  
 Deposit Amount \$ \_\_\_\_\_ Receipt Number \_\_\_\_\_ Date Paid \_\_\_\_\_  
 Utility Representative \_\_\_\_\_ Employee Number \_\_\_\_\_

Check applicable documents reviewed:  Corporate Lease/Deed       Tax Exempt Certificate       Other  
 ECRI/CF       Load Letter