COMMERICAL APPLICATION FOR ELECTRICAL SERVICE

IMPORTANT –COMPLETE AND RETURN FULL FORM

You must be 18 years or older to apply for service. Complete application must be returned. If this application is incomplete, incorrect, or fraudulent, service will not be established. (*) indicates a required field

*Service Address (Number and Street):	City	State:	Zip Code:	*Business Telephone:
Mailing Address (if different than Service Address) City:			State:	Zip Code:
Name:				
*Name of persons or business responsible for this bill:			Email:	
*Name under which the business is/will be operated:				

*Type of Organization (Check and Complete One): For Individual and partnership, please enclose owner(s)' picture ID. For other Entities (Corporation, LLC, etc.), please include the Articles of Incorporation, Organization, etc.

o Individual:		
Name: Social Security: #	Residential Address (Street, City, State, Zip Code):	Telephone:
o Partnership: (List additional partners on reverse side, if necessary)		Federal Employer I.D.#:
Name of General Partner: Social Security #:	Residential Address (Street, City, State, Zip Code):	Telephone:
Name of General Partner: Social Security #:	Residential Address (Street, City, State, Zip Code):	Telephone:
o Corporation/LLC/Other Entity:	Date of Formation:	Federal Employer I.D.#:
Name of President / CEO:	Entity Mailing Address (Street, City, State, Zip Code):	Telephone:

Description of Business:	Liquor License Name and Number:	State License No.:

Is there any other business or apartment serviced by this meter? If Yes, check the appropriate box.

o Other Business o My Home o Other Residential Tenant's Apartment

Please fax, mail or email your completed application and copies of your valid picture ID to the following:

Fax: 412-393-5881

Email: applicationsforservice@duqlight.com

Mail: Duquesne Light Company
Customer Service Applications Dept 6-9
411 Seventh Ave.
Pittsburgh, PA 15219

I hereby certify that I am authorized to sign this Application on behalf of myself/the business or organization listed above, and that the information provided is true and correct to the best of my knowledge, information and belief. I understand that I/it will remain responsible for payment for service to this account until service is cancelled or terminated. Authorization is hereby granted to Duquesne Light to release or obtain information concerning my/its credit standing.

Name (Print):	*Signature:	Title:	Date:

Call Duquesne Light at (412) 393-7100 to pay your deposit or outstanding balance in certified funds (no personal checks).