



**APPLICATION FOR ELECTRIC SERVICE
FOR COMMERCIAL CUSTOMERS**

Customer Care Application Dept. 6-9
411 Seventh Ave.
Pittsburgh, PA 15219

For Office Use Only:

Account Number

IMPORTANT

You must be 18 years or older to apply for service.

If this application is not returned or the information provided is incorrect or fraudulent, service will not be established.

Service Address (Number and Street)	City	State	Zip Code	Business Telephone
Mailing Address (if different than Service Address) Name:	City		State	Zip Code
Name of persons or business responsible for this bill				
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 Corporation, please include the Articles of Incorporation.				
<input type="checkbox"/> Individual				
Name	Residential Address (Street, City, State, Zip Code)		Telephone	
Social Security #				
<input type="checkbox"/> Partnership: (List additional partners on reverse side, if necessary) Federal Employer I.D.#:				
Name of General Partner	Residential Address (Street, City, State, Zip Code)		Telephone	
Social Security #				
Name of General Partner	Residential Address (Street, City, State, Zip Code)		Telephone	
Social Security #				
<input type="checkbox"/> Corporation Date of Incorporation: Federal Employer I.D.#:				
Name of President / CEO	Residential Address (Street, City, State, Zip Code)		Telephone	
<input type="checkbox"/> Other Type of Corporation Federal Employer I.D.#:				
Contact Name	Residential 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.		
<input type="checkbox"/> Other Business	<input type="checkbox"/> My Home	<input type="checkbox"/> Other Residential Tenant's Apartment

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

Fax: (412) 393-5881 Mail: Customer Care Applications Dept 6-9
 Duquesne Light Company
 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 (option 2-1-1) to pay your deposit or outstanding balance in certified funds (**no personal checks**). If payment has been made, please fill out the payment section below.

Deposit Amount:	Outstanding Balance:	Payment Reference Number:	Payment Method:
-----------------	----------------------	---------------------------	-----------------