

DUKE POWER NON-RESIDENTIAL SERVICE REQUEST FORM

Dear Customer,

To provide you with timely and accurate electrical service, we ask that you complete all 5 sections of this form. Sections 4) Delivery Information and 5) Load/ Equipment Information are required by our Engineering Group to accurately provision for your electrical needs. If this information is not available at this time, please submit this form with the first 3 sections completed so we can initiate your request for service. Once you have determined the Delivery and Load/ Equipment Information, please re-submit the form. Fax or mail this form to:

Duke Power
Attn: Business & Industry
9700 David Taylor Blvd
Charlotte, NC 28262-2363

Fax # 1-800-943-6910
Local Fax # 704-594-0557
Telephone # 1-800-653-5307

1) BILLING INFORMATION

Legal Name of Ownership: _____

DBA (Doing Business As): _____

Form of Ownership: Sole Proprietor Corporation Partnership Limited Partnership Other

Federal Tax ID (EIN #): _____ SSN #: _____ D&B #: _____

Has credit been established with Duke Power? Yes No

If yes, list other Duke Power account # or service address. _____

Is Business Tax Exempt: Yes No (Special Instructions: Utilities Sales Tax Exemption, SC customers only - If you qualify for the sales tax exemption, a copy of the ST8 or ST9 tax exemption form must be mailed or faxed to us.)

Mailing Address: _____

City, State, Zip Code: _____

Additional Mailing Info: _____

Billing Contact Name: _____ Title: _____

Daytime Phone #: (_____) _____ FAX #: (_____) _____ EMAIL: _____

Property Ownership: Own Rent / Lease

Name of Property Owner: _____ Phone #: (_____) _____

2) SERVICE (SITE) ADDRESS INFORMATION

Service Address: _____

City, State, Zip Code: _____ County: _____

Directions: _____

New Service (No Existing Service Lines): Upgrade Existing Service (Existing Service Lines):

What type of Business will the meter serve? _____

Hours of Operation: M - F _____ Weekends _____ Other _____

Requested By: _____ Title: _____

Daytime Phone #: (_____) _____ FAX #: (_____) _____ EMAIL: _____

Date Service Needed: _____ (NOTE: A final inspection may be needed to complete your service request. Check with the appropriate City or County Inspections Dept. to determine their communication procedures with Duke Power.)

3) GENERAL CONTRACTOR/BUILDER

Name: _____

Daytime Phone #: (_____) _____

FAX #: (_____) _____

EMAIL: _____

ELECTRICIAN

Name: _____

Daytime Phone #: (_____) _____

FAX #: (_____) _____

EMAIL: _____

4) DELIVERY INFORMATION

_____ **Total Load** _____ **Additional Load Only (Existing Meter # _____)**

Check Service Desired: Overhead Underground Customer Wire Type: Copper Aluminum

Check Phase Desired: Single Phase 3-Phase Number of Wires: 3 4

Delivery Voltage: _____ (Volts) Service Size: _____ (Amps)

of Conductors Per Phase: _____ Size of Conductors: _____ # of Neutral Conductors: _____ Size of Neutral: _____

(NOTE: If underground 3 Phase Service is required, the number of conductors per phase is limited to 12.)

Gross Square Footage: _____ Conditioned Square Footage: _____

Duke Project #: _____ Existing CBIS Account # (Upgrade Service): _____

Send Confirmation FAX to: _____ FAX #: (_____) _____

