



Kit Carson Electric Cooperative, Inc.
 P.O. Box 578
 Taos, NM 87571
 Email: CSR@KITCARSON.COM
 1-800-688-6780 or 575-758-2258
 Customer Service: 1-800-944-8159 or 575-751-9064
 FAX# 575-758-4611

Request for Electric Service

Consumer Information		Please Fill Form Completely. If not applicable, specify N/A					
Type of Account (Check Box)	Primary Residential		Secondary Residential		Scheduled Date of Service		
Commercial/DBA (Commercial Accounts Only)			Tax ID# (Commercial Accounts Only)				
Business Name							
Name (Last, First, Mid Initial)							
Spouse's (Last, First, Mid Initial)							
Mailing Address							
City, State & Zip Code							
Home Telephone#		Work Telephone#		Cell Phone#			
Other Telephone#		E-Mail Address					
Social Security #				Spouse Social Security#			
Drivers License #				Spouse Driver License#			
Location Information				*Please attach a clear copy of Drivers License or Picture ID *Service Charge: \$15.00 Residential, \$50.00 Commercial/per Meter One-time Non-Refundable Fee Charged on Initial Statement *Deposit is required prior to connection of service, Call or E-mail for Deposit Amount			
Physical Address							
Previous Customer Name							
Meter Number							
Previous Membersep#							
Would you like E-Billing(paperless billing)? Y N				Would you like to receive NMREC Enchantment Magazine? Y N			
<small> CUSTOMER ACKNOWLEDGES RECEIPT OF THE COOPERATIVE BY-LAWS AND AGREES THAT PATRONAGE CAPITAL AND/OR DEPOSITS UNCLAIMED FOR TWO (2) YEARS AFTER DATE OF DISTRIBUTION SHALL BE DEEMED ASSIGNED TO THE KIT CARSON ELECTRIC EDUCATION FOUNDATION FOR EDUCATIONAL SCHOLARSHIPS OR OTHER CHARITABLE PURPOSES IN ACCORDANCE WITH THE BY-LAW ARTICLE VII, SECTION 3. CONSUMER ACKNOWLEDGES THAT THE COOPERATIVE MAY DISCONNECT SERVICE TO THE ABOVE-DESCRIBED LOCATION WHEN PAYMENT OF CONSUMERS BILL AT A SEPARATE LOCATION IS DELINQUENT EVEN THOUGH THE ACCOUNT IS CURRENT AT THE FOREGOING LOCATION. CONSUMER AGREES THAT THE COOPERATIVE MAY SUBSCRIBE TO THE "ENCHANTMENT" FOR THE CONSUMER. </small>							
Customer Signature				Date			
For Office Use Only							
<u>Type of Service</u>							
Membersep#		Location#					
New Service							
Connect		Street Light Connect					
Read In/Read Out							
Service Charge Amount		Paid		Billed			
Deposit Amount		Paid		Billed			
Letter of Credit		* Must be received within 10 business days of transfer*					
Guarantor							
**IF THE NEW ACCOUNT BECOMES DELINQUENT WITHIN THE TWELVE, MONTHS THE GUARANTY IN EFFECT AND NEW CONSUMER WILL BOTH BE LIABLE FOR THE TOTAL DUE.							
Guarantor Signature				Date:			
Social Security #							
Comments:							
Employee Signature				Date:			