



Keeping the heat on...

PO Box 550, 201 Cruz Alta Road Suite 1

Taos, New Mexico 87571

Credit & Service Application

(575) 758-7757 or (855) 694-2762

Applicant Information

Fax (575) 758-3802

Name:	TYPE OF DELIVERY: WILL CALL AUTO FILL
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Date of Birth:	SSN:	Phone #:
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Current Mailing Address(City, State and Zip):

Circle One: Own or Rent	Landlord Name (if applicable):	Monthly Payment or Rent:
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Physical Address(City, State and Zip):
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e-mail address:	Would you like to be E-billed? YES NO (Circle one)
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Driver's License Number:	Copy Attached
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Employer Information

Current Employer:	Employer Address(City, State, and Zip):
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How long?	Position:	Hourly Income:	Annual Income:
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Previous Employer:	Employer Address(City, State, and Zip):
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How long?	Position:	Hourly Income:	Annual Income:
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Name of Relative Not Residing with You:

Address (City, State and Zip):

Phone Number:	Relationship:
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Co-Applicant Information, if for a joint account.

Name:

Date of Birth:	SSN:	Phone #:
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Current Mailing Address(City, State and Zip):

Circle One: Own or Rent	Landlord Name (if applicable):	Monthly Payment or Rent:
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Previous Address(City, State and Zip):
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Circle One: Owned or Rented	Monthly Payment or Rent:	Would you like to be E-billed?
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Driver's License Number:	Copy Attached
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Co-Applicant Employer Information

Current Employer:	Employer Address(City, State, and Zip):
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How long?	Position:	Hourly Income:	Annual Income:
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Previous Employer:	Employer Address(City, State, and Zip):
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How long?	Position:	Hourly Income:	Annual Income:
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Name of Relative Not Residing with You:

Address (City, State and Zip):

Phone Number:	Relationship:
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Do you own your tank?	What size?	% In tank	Are you a member of Kit Carson Electric?
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What size of tank are you interested in leasing?	New Service:	Member #:	*Required
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Tank Serial #:	Transfer of Service?	Last Tennant/Owner:
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I authorize Kit Carson Propane to verify the information provided and obtain credit reports if needed.

Applicant Signature:	Date:
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Co-Applicant Signature, if for a joint account:	Date:
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PAYMENTS ARE DUE WITHIN 30 DAYS OF PROPANE DELIVERY OR SERVICE WORK. COPY OF ID MUST ACCOMPANY THIS APPLICATION.