

Kit Carson Energy, Inc.

A Subsidiary of Kit Carson Electric Cooperative, Inc.

Credit & Service Application

Applicant Information

Name:			
Date Birth:	SSN:	Phone:	
Current Mailing Address:			
City:	State:	ZIP:	
Own Rent (Please circle)	Landlord:		
Physical Address:			
City:	State:	ZIP:	
email address	Interested in E-Billing?		
Driver's License Number			Copy Attached

Employment Information

Current Employer:			
Employer Address:			How long?
Phone:	E-mail:	Fax:	
City:	State:	ZIP:	
Position:	Hourly Income:	Annual Income:	
Previous Employer:			
Address:			How long?
Phone:	E-mail:	Fax:	
City:	State:	ZIP:	
Position:	Hourly Income:	Annual Income:	
Name of a relative not residing with you:			
Address:			
City:	State:	ZIP:	Phone:
Relationship:			

Co-Applicant Information, if for a joint account

Name:			
Date Birth:	SSN:	Phone:	
Driver's License Number			Copy Attached
Current Address:			
City:	State:	ZIP:	
Own Rent (Please circle)	Monthly payment or rent:	How long?	
Previous Address:			
City:	State:	ZIP:	
Owned Rented (Please circle)	Monthly payment or rent:	How long?	

Employment Information			
Current Employer:			
Employer Address:			How long?
Phone:	E-mail:	Fax:	
City:	State:	ZIP:	
Position:	Hourly Income:	Annual Income:	
Previous Employer:			
Address:			
Phone:	E-mail:	Fax:	
City:	State:	ZIP:	
Position:	Hourly Income:	Annual Income:	
Name of a relative not residing with you:			
Address:			
City:	State:	ZIP:	Phone:
Relationship:			
Do You Own Your Own Tank?	What Size?	% In Tank	Are You A Member Of Kit Carson Electric ?
What size of tank are you interested in leasing?		New Service :	Member No :
Transfer of Service?		Tank Serial No:	Last Tennant/Owner:
I authorize Kit Carson Propane to verify the information provided and obtain credit reports as needed.			
Signature of Applicant			Date:
Signature of Co-Applicant, if for joint account			Date:
Payments Are Due Within 30 Days of Propane Delivery or Service Work			
COPY OF PHOTO ID FOR ALL APPLICANTS MUST ACCOMPANY THIS APPLICATION			

Type of Delivery Service: Will Call Auto Fill

PO Box 550, 201 Cruz Alta Road Suite 1
 Taos, NM 87571
 (575)758-7757 or (855)694-2726
 Fax (575)758-3802

