

EL PASO ELECTRIC COMPANY

**APPLICATION FOR SERVICE
For Residential Service, Complete the Following:**

Legal Name _____
Last First Middle
Previous Address _____ Zip Code _____
Address where service needed _____ Zip Code _____
Mailing Address _____ Zip Code _____
Your Social Security Number _____ Business Phone No. _____
Spouse Name _____ Social Security No. _____
Home Phone _____ Business Phone No. _____
Customer's Signature _____ I.D. _____

Service for Businesses, Complete the Following:

1. Business Name _____
2. Business Address _____
3. Mailing Address _____
4. Responsible Party _____ Business Phone No. _____
Home Address _____ Phone No. _____
5. Owner/President _____ Business Phone No. _____
Home Address _____ Phone No. _____
Customer's Signature _____ ID. _____

TO BE COMPLETED BY OFFICE ONLY

Account Number: _____ Desired Service Date: _____
UAR: Yes _____ No _____ Amt: _____ Acct. No. _____ Transferred: _____ Date: _____
Did the Customer receive a Residential Handbook: _____
Type of Order: Res. _____ Comm. _____ Trailer _____ Lamp _____ S# or T#: _____
NSER Information: Temp. _____ Perm. _____ Refrig. Air/Space Heating _____
Space Heating Only _____ Overhead _____ Underground _____
Deposit Amt: _____ Deposit No.: _____ Deposit Arrangements: _____
Bond: _____ Letter of Credit from other Utility _____
Letter of Responsibility: Cosigner _____
Account No. _____ Telephone No. _____
No Deposit Required: _____ Reason: _____
Order taken by: _____ Date: _____

