

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. _____

Military Personnel, Additional Information:

1. Permanent Address _____
2. 1st Sgt. Or C.O., Name _____ Phone No. _____
3. Unit _____ Length of Tour _____

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 _____ I.D. _____

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: _____

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**SOLICITUD DE SERVICIO
Para Servicio Residencial, Llene Lo Siguiente:**

Nombre: _____
 Apellido Nombre

Domicilio Anterior _____ Código Postal _____
 Domicilio donde se Solicita el Servicio _____ Código Postal _____
 Mandar Correspondencia a: _____ Código Postal _____
 Número de Seguro Social _____ Tel. De Trabajo _____
 Nombre de la Esposa/Esposo _____ Número del Seguro Social _____
 Tel. del Domicilio _____ Tel. De Trabajo _____
 Firma del Cliente _____ Identificación _____

Personal Militar, Información Adicional:

1. Domicilio Permanente _____

2. 1st Sgt. O C.O., Nombre _____ Tel. _____

3. Unidad _____ Duración de la Gira _____

Servicio Para Negocios, Completar lo Siguiente:

1. Nombre de Negocio _____

2. Dirección del Negocio _____

3. Dirección para la Correspondencia _____

4. Persona Responsable _____ Tel. Negocio _____
 Domicilio _____ Tel. _____

5. Dueño/Presidente _____ Tel. Negocio _____
 Domicilio _____ Tel. _____

Firma Del Cliente _____ Identificación _____

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: _____

Section Number 2
 Sheet Number 8
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Revision Number _____
 Effective with service provided on and after
July 18, 2017