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 _____ I.D. _____

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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: _____

EL PASO ELECTRIC COMPANY

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 _____

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 _____

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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: _____