

Kit Carson Propane
A Division of Kit Carson Electric Cooperative, Inc.



Last Name		First Name:			Initial:	
Business Name						
Mailing Address		City:		State:		Zip Code:
Physical Address		City:		State:		Zip Code:
Home Phone:		Business Phone:				
Cell Phone:		Fax Number:				
Social Security No.:		Spouse Social Security No.:				
Drivers License No.:		Spouse Driver License No.:				
Kit Carson Member No.:	None - One Time Sale	Electric Meter No.:				
Current Propane Company None - Cylinder Sales Only						
Do You Own Your Own Tank Yes, 40#					What Size?	
What size of tank are you interested in leasing?						
Are you interested in Metered Service?		No				
Would you like to be a "Keep Full" or "Will Call" customer?				No		
<p>CUSTOMER ACKNOWLEDGES RECEIPT OF A COPY OF THE COOPERATIVE BY-LAWS AND AGREES THAT PATRONAGE CAPITAL UNCLAIMED FOR TWO (2) YEARS AFTER DATE OF DISTRIBUTION SHALL BE DEEMED ASSIGNED TO KIT CARSON ELECTRIC EDUCATION FOUNDATION FOR EDUCATIONAL SCHOLARSHIPS OR OTHER CHARITABLE PURPOSES IN ACCORDANCE WITH THE BY-LAW ARTICLE VIII, SECTION 3.</p>						
Customer Signature:					Date:	
<p>IF THE NEW ACCOUNT BECOMES DELINQUENT WITHIN THE TWELVE MONTHS THE GUARANTY IS IN EFFECT, BOTH THE GUARANTOR AND NEW CONSUMER WILL BE LIABLE FOR THE TOTAL DUE.</p>						
Guarantor Signature:					Date:	
Social Security No.:						
FOR OFFICE USE ONLY						
New Service:					Member No.:	
Transfer of Service:					From Member No.:	
Deposit Required?:					Customer Informed:	
On District List:					Which District?	
Employee Signature:					Date:	

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