



Headquarters: P.O. Box 817, Nucla, Colorado 81424 (970)864-7311, 1-877-864-7311
Office Hours: 7:00 AM to 5:30 PM, Monday thru Thursday (970)864-7423 FAX

APPLICATION FOR ELECTRICAL SERVICE AND MEMBERSHIP

The Applicant(s) agree to be responsible for the electric charges at the location designated below until such time that the Applicant(s) request in writing a discontinuance of service. It is agreed that all bills will be paid by the appropriate due date and failure to do so may result in discontinuance of service. This application for electrical service shall constitute a service contract between the Applicant(s) and the Association. The Applicant(s) agree to be bound by the Rules and Regulations of the Association. In the event that this application is not signed, it is agreed that the Applicant(s) use of electric service shall constitute a service contract just as though the application were signed. Applicant(s) agree to pay court costs, reasonable attorney's fees, and all collection costs if in default of this agreement. Applicant(s) agree that a facsimile of the original will be considered as valid as the original. The Consumer assumes all responsibility on the Consumer's side of the point of delivery for service supplied or taken, as well as for the electrical installation and appliances used in connection with such service and will indemnify, save harmless and defend the Association against all claims, demands, cost or expense, for loss, damage to or injury to persons or property, in any manner directly or indirectly connected with, or growing out of, the transmission or use of electric service, by the Consumer, at or on the Consumer's side of the point of delivery. San Miguel Power Assn. is not liable for any damage to the Consumer's electronic equipment. Point of Use surge protection should be installed to protect these devices. I have read and understand the above.

PLEASE PROVIDE THE FOLLOWING INFORMATION. **(PLEASE PRINT)**

APPLICANT NAME(S): _____
(As you wish them to appear on the account)

APPLICANT(S) ID or SOCIAL SECURITY NO.(S): _____

IF APPLICANT IS A BUSINESS, PLEASE PROVIDE A CONTACT NAME: _____

MAILING ADDRESS: _____
Street or PO Box City State Zip

PHONE #'S: _____
Home Business Fax Cell or Mobile

SERVICE ADDRESS: _____
Street Unit # City Zip

IF RENTING,
PROPERTY OWNER'S NAME: _____ PHONE NO.: _____

REQUEST DATE _____ APPLICANT'S SIGNATURE _____
FOR SERVICE _____ (All applicants must sign)

APPLICANT'S SIGNATURE _____ APPLICANT'S SIGNATURE _____
(All applicants must sign) (All applicants must sign)

For your convenience, we accept, MasterCard, VISA & Discover. If you would like to bill your connect fee/deposit/final bill on your card, please fill out the following: CARD NO. _____ EXP. DATE _____ *SECURITY CODE _____

NAME AS IT APPEARS ON CARD _____ SIGNATURE _____

*THIS IS THE 3-DIGIT NUMBER PRINTED ON THE BACK OF THE CARD IN THE SIGNATURE AREA. DATE: _____

If you would like to have your monthly bill **automatically paid** by either a **Bank Draft** or **Credit Card Draft** please contact your local office for the details.

Would you like this account to participate in SMPA's Green Cents Roundup Program? Yes _____ No _____

**PLEASE RETURN APPLICATION TO:
P.O. BOX 817, NUCLA, CO 81424, FAX (970)864-7423**

FOR SMPA USE ONLY

CONNECT FEE _____ DEPOSIT FEE _____ DIRECTOR DIST. _____ MEMBER ON _____

LOCATION # _____ S/O # _____ A/C # _____

NOTES _____