
ADDRESS CHANGE FORM

DATE: _____

Name on Account: _____

Artex Owner Number (if known): _____

TIN/Social Security Number: _____

Phone Number: _____

E-Mail: _____

Previous Address

Current Address

Printed Name: _____

Signature: _____ Date: _____

(must be an authorized representative)

Please Complete the Entire Form

Return to:

Artex Oil Company
2163A State Route 821
Marietta, OH 45750

Or Fax to: 740.373.2750

If you have any questions, please contact **Debra Smith** at **(740) 373-3313**. Thank you
