
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
2337 State Route 821
Marietta, OH 45750

Fax to: 740.373.2750
Email to (please note - signature required): aoc@artexoil.com

If you have any questions, please call **(740) 373-3313**. Thank you
