



CHANGE OF ADDRESS FORM

I, _____, authorize Mustang Fuel Corporation, and/or its affiliates/subsidiaries to change the address on my owner account.

Mustang Company Name: Mustang Fuel Corporation

Owner Number: _____

Last 4 digits of Social Security # / Taxpayer ID: _____

Name on the Account: _____

Your Name (if you are not the owner): _____

(If not previously provided, please attach documentation establishing your relationship with the Account Owner for Mustang's review.)

OLD ADDRESS	NEW ADDRESS
Street Address/PO Box	Street Address/PO Box
City/Locality/Village	City/Locality/Village
State/Province/Region	State/Province/Region
Zip Code	Zip Code
Country	Country
	Phone
	Email

Apply this address change to my: Check/Revenue Address Correspondence Address
If neither box is checked, both will be updated.

All fields must be complete or the change of address cannot be processed. After Mustang's receipt and approval, the change of address will become effective within thirty (30) days.

TERMS OF ACCEPTANCE AND SIGNATURE

I, the requestor of this Change of Address Form, warrant the truthfulness of the information provided in this submission.

A signature is required by all parties listed on the account.

Signature	Print Name	Date
Signature	Print Name	Date

Please return your information by US Mail to the following address:

Mustang Fuel Corporation Attn: DO Dept
9800 North Oklahoma Avenue
Oklahoma City, OK 73114-7406
divisionorders@mustangfuel.com