



## Change of Address Form

### Instructions for Submittal to Blackbeard

1. First, you must **download** and **save** the form to your computer.
2. **Open** the saved form from where you saved it on your computer.
3. **Type** in your information, completing all fields.
4. **Check the box** under TERMS OF ACCEPTANCE & SIGNATURE and **type** in your complete name.  
*(By checking this box and typing your name, you are electronically signing the Change of Address form and confirming that you understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.)*
5. Click **Save** on the form.
6. **Email** the completed Change of Address form to:  
ownerrelations@blackbeardoperating.com.

*Note: If you prefer to submit the Change of Address form by postal mail, follow instructions 1-4 above, then **print** the completed form and **mail** to:*

*Blackbeard Operating, L.L.C.  
Attn: Division Order Department  
Two W 2nd St #1700  
Tulsa, OK 74103*

## ELECTRONIC CHANGE OF ADDRESS FORM

I, \_\_\_\_\_, authorize Blackbeard Operating, L.L.C. and/or its affiliates/subsidiaries to change the address on my owner account.

Owner Number: \_\_\_\_\_ Last 4 Digits of Social Security # / Taxpayer ID: \_\_\_\_\_

*(Your Owner Number is listed under the name and address section of your revenue check stub)*

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 Blackbeard's review.)*

OLD ADDRESS		NEW ADDRESS	
Address		Address	
City		City	
State	Zip	State	Zip
		Phone	
		Email	

Apply this address change to my:  Check/Revenue Address  Correspondence Address

*If neither box is selected, both addresses will be updated.*

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

### TERMS OF ACCEPTANCE & SIGNATURE

*I, the requestor for this Change of Address Form, warrant the truthfulness of the information provided in this submission. I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.*

#### Step 1: Check the box below

*\*By checking this box and typing my name below, I am electronically signing this Change of Address Form*

**Step 2: Type in your name in the boxes below. A signature is required by all parties listed on the account.**

\_\_\_\_\_  
First Name                      Middle Initial              Last Name                      Suffix

\_\_\_\_\_  
First Name                      Middle Initial              Last Name                      Suffix

**Email this completed form to:  
ownerrelations@blackbeardoperating.com**