



CHANGE OF ADDRESS FORM

I, _____, authorize Blackbeard Operating, LLC 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 provide documentation establishing your relationship with the Account Owner for Blackbeard's review.)

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

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.

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

Owner's Signature (REQUIRED)

Date

2nd Owner's Signature (REQUIRED)

Date

Email this completed form to:
ownerrelations@blackbeardoperating.com

or mail to:
Blackbeard Operating, LLC
Attn: Owner Relations
1751 River Run Ste 405
Fort Worth TX 76107
432-242-0050 ext. 215