



CHANGE OF ADDRESS FORM

I, _____ authorize the company and/or its affiliates/subsidiaries to change the address of my owner account.

Owner/BA Number: _____ or Lease 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 review)

Old Address	New Address
Address	Address
City/Locality/Village	City/Locality/Village
State/Province/Region	State/Province/Region
Zip	Zip
Country	Country
	Phone
	Email

All fields must be complete, or the change of address cannot be processed. After the company’s receipt and approval, the change of address will become effective soon thereafter.

Please return this completed form to:

Javelin Owner Relations: 6608 N. Western Ave. #607, Oklahoma City, OK 73116

or by email to ownerrelations@javelinep.com

For questions, please call 1-424-677-1110.

TERMS OF ACCEPTANCE & SIGNATURE

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

First Name

Middle Last Name

Suffix

Date