



## Address Change Request Form

**Please Select One:**

<input type="checkbox"/> Vendor	<input type="checkbox"/> Royalty Owner	<input type="checkbox"/> JIB Partner	<input type="checkbox"/> Revenue Partner
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**Business Associate Information:**

Name:	Number:
DBA (if applicable):	

**Previous Information:**

Attn (if required):			
Street:			
Suite/Apt:			
City:	State:		
Zip:	Country:		
Tax ID (TIN/SSN):	Classification:		

**Current Address:****Effective Date:**

Attn (if required):			
Street:			
Suite/Apt:			
City:	State:		
Zip:	Country:		
Tax ID (TIN/SSN):	Classification:		

**Contact Information:**

Contact Person's Name & Title:
Telephone Number:
Email Address:

**Print Name:****Title:****Signature:****Date:****Additional Information:**

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Please return completed form via email: [Ownerrelations@xclresources.com](mailto:Ownerrelations@xclresources.com) or via mail to: XCL Resources, 600 N Shepherd Dr, Ste. 390 Houston, TX 77007  
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