

Allied Oil Customer Change Form

INSTRUCTIONS: Please download this fillable form, complete all fields and email to: CreditDepartment@Allied-Oil.com

Company Name: _____ Account # (if known): _____

Phone #: _____ Fax: _____ Email: _____

Tax ID: _____ Tax Exempt? Please attach an Exemption Form.

Are you changing tax IDs? Please Stop! Click on the link. New credit application is required!

<https://www.alliedoil.com/credit-application/>

Do you require a PO? ____ Yes ____ No

Please provide contact information for authorized purchasers.

1.Name/Email/Phone: _____

2.Name/Email/Phone: _____

Billing Address: _____

Ship to Address: _____

Accounts Payable Contact Information:

Name: _____

Email: _____

I, _____, certify that the information given is true and correct to the best of my knowledge and I am an authorized representative of the company listed above. The undersigned agrees to pay when due, all obligations and personally guarantee payment including court costs and attorney fees if the account is placed in collections for non-payment.

Account Manager