



## Address Change Request Form

**Please Select One:**

\_\_\_\_ Vendor

\_\_\_\_ Owner

\_\_\_\_ Operator

\_\_\_\_ Participant

### 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:

Please return completed form via email: [INEOS-OwnerRelations@eag1source.com](mailto:INEOS-OwnerRelations@eag1source.com) or

via mail to: **INEOS USA Oil & Gas LLC**

**Attn: Land Admin**

**2600 South Shore Blvd., Suite # 200**

**League City, TX 77573**