



Bonanza Fuel, LLC

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CUSTOMER ACCOUNT CHANGE REQUEST

Name on Account: _____ Phone: _____

Property Address: _____

Billing Address: _____

() Name on Account: Change to: _____ Phone: _____

() Billing Address: Change to: _____ Phone: _____

() **REMOVE FROM AUTOFILL** and place on Will Call

() **PLACE ON AUTOFILL** (Size of Fuel Tank: _____)

() **Add / Delete Person(s) Authorized to Order Fuel on Account:** _____

() **Put on Automatic Credit Card Charge** (authorizes Bonanza Fuel to charge credit card after each delivery)

Credit Card Type: () VISA () MasterCard

Credit Card Number: _____ - _____ - _____ - _____ Exp. Date: ____ / ____

Signature of Card Holder: _____ Date: _____

() **Remove from Automatic Credit Card Charge**

() **CLOSE ACCOUNT** (Outstanding balance must be paid in full first)

() **Other Change** (please explain) _____



CUSTOMER SIGNATURE AUTHORIZING CHANGES

Date

Internal Use Only

Driver Sheet updated

Initial _____ Date _____

GP Acct Notes updated

Initial _____ Date _____