



UPDATE OF CUSTOMER DETAILS

Please send or Fax your completed form to:

**BP
Melbourne Office
GPO Box 5222
Melbourne Vic 3001**

Fax: 1300 665 211

Email: RegionalCard@se1.bp.com

**Please note: A change in the Business name requires a NEW CREDIT APPLICATION FORM to be completed

ACCOUNT NUMBER: _____

ACCOUNT NAME: _____

NEW ADDRESS: _____

_____ **Post Code:** _____

Contact Name/s: _____

New Phone Number: () _____

New Fax Number: () _____

Mobile Phone number: _____

Email address: _____

*Authorised by (please PRINT NAME) _____

*Customer signature: _____ Date: ___/___/___

IF ANY FURTHER INFORMATION IS REQUIRED
PLEASE PHONE 1300 130 899

OFFICE USE ONLY

Processed By:

Date:

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