



# Customer Online Application Form

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Account Name (if different to the above)

\_\_\_\_\_  
Account/ Customer Number

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Billing Address

\_\_\_\_\_  
Email Address\*  
\*Your Mobil Card OLS username and password will be sent via email to this address

Once you have completed and signed the application form, please either mail or fax it to the address below, relevant to your geography:

	<b>Guam</b>	<b>Saipan</b>
Postal address	Mobil Oil Guam Inc 642 EAST MARINE CORPS DRIVE HAGATÑA GUAM 96910	Mobil Oil Mariana Islands Inc P.O Box 500367 SAIPAN, MP 96950
Fax	1-877-254-1332	1-855-658-7997

You will receive your username and password within 7 days of your application being received  
If you have any questions please contact us on:

Guam: 1-877-254-1331  
Saipan: 1-877-254-1330

In signing this application form, I acknowledge that I have read and agree to the terms and conditions that are located at the bottom of the home page on the following link: [www.mobilcardonline-guam.com](http://www.mobilcardonline-guam.com)

\_\_\_\_\_  
AUTHORISED SIGNATURE

\_\_\_\_\_  
Date