

Should our office have questions regarding your request, please provide the name & telephone number of the point of contact for your office.
Name: _____
Phone: _____

Please Remit To:
Marketing Support
Atlas Resources, LLC
fax: 412-262-7430
tel: 800-251-0171 opt. 2
marketingsupport@atlasenergy.com
Park Place Corporate Center One
1000 Commerce Dr., Suite 410
Pittsburgh, PA 15275

Broker/Dealer:

Name: _____
Address Line 1: _____
Address Line 2: _____
City/State/Zip: _____
Phone: _____

Registered Rep:

Name: _____
Address Line 1: _____
Address Line 2: _____
City/State/Zip: _____
Phone: _____
Email: _____

Previous Broker/Dealer: _____

Please change the currently listed Broker/Dealer to the above Broker/Dealer. In addition, transfer all current investors to new Broker/Dealer of record.

Signature of Registered Representative

Print Name

Signature _____ Date

Atlas Internal Use Only

Completed by: _____ Date: _____