



# Customer Portal Enrollment Form

Complete this form and return it to enroll in the Customer Portal

**Englefield Oil Account #:**

(Write "Pending" if your application process is not complete)

**Name/Business name on the Account:**

**Main Contact for the portal:**

**Email address of Main Contact:**

**Do you wish to have view only, or be able to make payments using the portal?**

**Upon completion, please return this form to our Credit Department at the following:**

Sherri Durtschi  
Credit Manager  
Englefield, Inc.  
1935 James Parkway  
Heath, OH 43056  
Fax: 740-527-2873  
[sherri.durtschi@englefieldoil.com](mailto:sherri.durtschi@englefieldoil.com)