

## Account Responsibility Change Form

	<u>Current Information</u>	<u>New Information</u>
Account #		To be assigned
Name		
Address		
City, State, ZIP		
Tax ID		
Billing Contact		
Billing Telephone		

Please note final mailing address for previous owner if different from above: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (Business or Individual name) has now come under new ownership. The current owners or individuals will no longer be responsible for any charges on the number or services listed above after the following date: \_\_\_\_\_. The following person(s) will be assuming control over this account and associated services as listed here.

Services to be transferred: \_\_\_\_\_

\_\_\_\_\_.

### **Signatures to authorize transfer:**

I release this account and associated services listed above effective \_\_\_\_\_.

I assume responsibility for any costs incurred from services rendered prior to this date.

\_\_\_\_\_  
Authorized signature of releasing party

\_\_\_\_\_  
Date

I accept responsibility for this account and associated services listed above effective \_\_\_\_\_. I assume responsibility for any costs incurred from services rendered on or after this date.

\_\_\_\_\_  
Authorized signature of accepting party

\_\_\_\_\_  
Date