



Transfer of Account Form

Current Responsible Person(s) Information: NTCNet Customer #: _____

Full Name(s): _____
Date of Birth: _____ SS#: _____
Phone: _____ Fax: _____ E-mail: _____
Service Address: _____
City: _____ State: _____ Zip: _____
Mailing Address (if different from above): _____

Current Responsible Signatures:

Signature: _____ Date: _____
Printed Name: _____ Title: _____

New Responsible Person(s) Information*:

Full Name(s): _____
Date of Birth: _____ SS#: _____ Phone: _____
Cell Phone: _____ Fax: _____ E-mail: _____
Service Address: _____
City: _____ State: _____ Zip: _____
Mailing Address (if different from above): _____
Employer: _____ Work Telephone #: _____

List all account number's associated with this request: _____

Driver's License Information: _____

* Please Note there is a \$ 3.95 record order charge to make this change

New Responsible Signatures:

Signature: _____ Date: _____
Printed Name: _____ Title: _____

Agreement Terms:

By both parties signing this form the "old" customer is hereby relinquished, and the "new" customer accepts responsibility of all billing, past and present. "New" customer assumes all contractual obligations. All invoices are to be paid 30 days from the date of invoice. Claims arising from invoices must be made within 7 working days from date of invoice.