



# 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.