

Transfer of a Business Account

Old Business Con	tact Information:	NTCNet Customer #:	
	S#:		
Company Name:			
Phone:	Fax:	E-mail:	
Service Address:			
City:	State:	Zip:	
Mailing Address (if different	ent from above):		
Date Business commend	ced:		
Business is (check one):			
Corporation Partn	ership Sole Propriet	torship Other	
Old Responsible S	Signatures:		
Signature:		Date:	
Printed Name:		Title:	
New Business Co.	ntact Information:		
		<u>.</u> 5#:	
Phone:	Fax:	E-mail:	
	rax		
City:	State:	Zip:	
		27,	
	ced:		
Business is (check one):			
	ership Sole Propriet	torship Other	
_		ts associated with this reques	st:
Yes, New Name*:_			
	age Heading:		
	ecord order charge to make this	name change	
New Responsible	Signatures:		
Signature:		Date:	
Printed Name:		Title:	

Agreement Terms:

By both parties signing this form the "old business" is hereby relinquished and the "new business" accepts responsibility of all billing, past and present. "New business" owner 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.