

Transfer of a Business Account

Old Business Contact	Information	: NTCNet Cu	stomer #:	
Fed ID #:				
Company Name:				
Phone:Fax:		E-n	ail:	
Service Address:				
City:		Zip):	
Mailing Address (if different from				
Date Business commenced:				
Business is (check one):				
Corporation Partnership	 Sole Propri	ietorship (ther	
Old Responsible Signa	atures:			
Signature:	Date:			
Printed Name:	ame: Title:			
New Business Contact	t Information	n:		
Fed ID #:				
Company Name:				
Phone:	Fax:	E-n	ail:	
Service Address:				
City:	State:		:	
Mailing Address (if different from	above):			
Date Business commenced:				
Business is (check one):				
Corporation Partnership	 Sole Propri	ietorship C	ther	
List all telephone number's &	k Internet Accou	nts associated	with this request	t :
Directory Listing Change: Yes, New Name*: New Yellow Page H				
* Please Note there is a \$ 3.95 record or	rder charge to make tl	his name change		
<u>New Responsible Sign</u>	<u>atures</u> :			
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.