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## BUSINESS RESPONSIBLE PARTY CHANGE FORM

### EXISTING ACCOUNT INFORMATION:

Current Business Name:

Billing Address:

City:

Phone # / Contact #:

Business Owner/Contact Name (printed):

Account Number:

State: ZIP:

Email Address:

### SERVICES TO BE TRANSFERRED:

Check if transferring all services      Effective Date

List Services to be transferred only if not checked all above:

1. Service Account Number:      Circuit ID:

Service Address:

2. Service Account Number:      Circuit ID:

Service Address:

3. Service Account Number:      Circuit ID:

Service Address:

*(add more to second page if needed)*

Media Charges      Contract Expiration

### NEW ACCOUNT INFORMATION:

New Business Name:

New Account Number:

Billing Address:

State: ZIP:

Phone # / Contact #:

City:

Email Address:

Business Owner/Contact Name (printed):

SSN/Tax ID:

I/We request to take responsibility for the accounts noted above and on second page, and in consideration agree(s) to pay the ongoing monthly service charges and any other applicable charges, including but not limited to, current and/or unbilled long distance, pay-per-view, directory listings, yellow page ads, digital media, etc., current and/or outstanding/past due balances associated with the above account(s) as of the transfer date. (Long distance charges may take several months to appear on the statement.) I/We understand any current commitments for the service would need to be fulfilled to avoid any early termination fees if services are disconnected. I certify that the above information is true and correct to the best of my knowledge. I authorize Arvig to check my credit to verify information as stated on this application.

Signature of Existing Business:

Date:

Signature of New Responsible Party:

Date:

Signature of New Co-Responsible Party:

Date:

FOR INTERNAL USE ONLY

CCR / Sales Name:

Date:

**ADDITIONAL SERVICES TO BE TRANSFERRED:**

List Services to be transferred only if not checked all above:

- |                             |             |
|-----------------------------|-------------|
| 4. Service Account Number:  | Circuit ID: |
| Service Address:            |             |
| 5. Service Account Number:  | Circuit ID: |
| Service Address:            |             |
| 6. Service Account Number:  | Circuit ID: |
| Service Address:            |             |
| 7. Service Account Number:  | Circuit ID: |
| Service Address:            |             |
| 8. Service Account Number:  | Circuit ID: |
| Service Address:            |             |
| 9. Service Account Number:  | Circuit ID: |
| Service Address:            |             |
| 10. Service Account Number: | Circuit ID: |
| Service Address:            |             |
| 11. Service Account Number: | Circuit ID: |
| Service Address:            |             |
| 12. Service Account Number: | Circuit ID: |
| Service Address:            |             |
| 13. Service Account Number: | Circuit ID: |
| Service Address:            |             |
| 14. Service Account Number: | Circuit ID: |
| Service Address:            |             |
| 15. Service Account Number: | Circuit ID: |
| Service Address:            |             |
| 16. Service Account Number: | Circuit ID: |
| Service Address:            |             |
| 17. Service Account Number: | Circuit ID: |
| Service Address:            |             |
| 18. Service Account Number: | Circuit ID: |
| Service Address:            |             |
| 19. Service Account Number: | Circuit ID: |
| Service Address:            |             |

List any other services to be transferred: