



Change of Name or Ownership Change Form

Attention Customer – To transfer ownership of your plan or service, you (Current TeleVoIPs Customer) and the New TeleVoIPs Customer (Applicant) must complete this form. Please complete all sections and return by email to: forms@televoips.com.

Services are transferred based on the following criteria (please allow 5 business days for processing):

1. If approved, your plan will be transferred under the same terms and conditions as currently written unless otherwise requested.
2. You (Current TeleVoIPs Customer) must disclose to the Applicant these terms and conditions including all fees and charges (including call rates and access fees).
3. Your plan and any associated fees and charges will remain with your account until transfer is complete.
4. Your account balance and any unbilled services will remain on your account and will be billed until service is transferred.

Section I – Former Responsible Party

I hereby state that I have the legal authority to request TeleVoIPs Business Phone Services (“TeleVoIPs”) to release me from all financial and contractual obligations regarding my business phone services as specified in any and all Service Agreement Terms & Conditions. I warrant that I have the legal authority to and have made a conditional agreement to transfer the covered service(s) for the below account to the individual/ company listed in Section II.

The Former Responsible party is still considered the owner of the account until such time as this order is accepted and completed within TeleVoIPs’ billing system and is responsible for all charges until TeleVoIPs’ billing system reflects the change. At such time as the billing system reflects the change, the new responsible party will assume the current Account number(s) and will be responsible for payment of unpaid charges for past or future service (with or billed or unbilled) provided by TeleVoIPs to Former Responsible Party.

To be completed by the Current TeleVoIPs Customer:

TeleVoIPs Account Number: _____ Company Name: _____

Services Being Transferred: _____

Primary Authorizing Contract Name* (Printed): _____ Title: _____

***Name Must Match TeleVoIPs Records**

Primary Authorizing Contact Signature: _____ Date: _____



Section II – New Responsible Party

I hereby warrant that I have full legal authority to accept the transfer of service(s) (including any applicable service agreement and contract term) and I hereby accept such Terms & Conditions. I understand that the service will not be transferred to me until such time that I have satisfied all of the Terms & Conditions regarding the service(s) and completed all required documentation. I understand that I may NOT request changes to the service(s) until after the effective change date. I understand that I am responsible for payment of unpaid charges for past service (either billed or unbilled) provided by TeleVoIPs to Former Responsible Party. I understand that I am responsible for all future charges for service provided by TeleVoIPs to New Responsible Party.

With these agreements from both the New and Former Responsible Parties, TeleVoIPs assents to the assignment of Former Responsible Party’s Terms & Conditions to New Responsible Party.

To be completed by the Applicant/New TeleVoIPs Customer:

New Company Name: _____ Fed ID Number: _____

Physical Address: _____

Primary Authorizer Info:

Primary Authorizer Name (Printed): _____ Title: _____

Email: _____ Phone Number: _____

Signature: _____ Date: _____

Accounts Payable Info:

Billing Address: _____

Billing Contact Name: _____ Email: _____

Phone Number: _____

Please list all services and phone numbers(s) being transferred below (If more space is needed, you may submit an attachment including all numbers you wish to transfer along with this document):

Phone Number:	Service (example: fax, voice):	Site Address:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

