

Change of Name or Ownership Change Form

Attention Customer – Contact Windstream at 1-800-600-5050, Option #3 for processing. This form cannot be changed or altered.

Failure to complete and return this form within 10 business days could result in loss of service. A Change of Ownership Request Form must be submitted for each location.

Section I - Former Responsible Party

I hereby state that I have the legal authority to request Windstream Communications (“Windstream”) to release me from all financial and contractual obligations regarding my local exchange, long distance, toll free and/or Internet service(s) as specified in any and all Service Agreement Terms and 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 Windstream Communications’ billing system, and is responsible for all charges until Windstream Communications’ billing system reflects the change. At such time as the billing systems 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 (either billed or unbilled) provided by Windstream to Former Responsible Party.

Customer Account Number: _____ Company Name: _____

Number(s):

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

*Name Must Match Windstream 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 and Conditions. I understand that the service will not be transferred to me until such time that I have satisfied all of the Terms and Conditions regarding the service(s) and completed all required documentation. I understand that I may NOT request any changes to the service(s) until after the effective change date and that any accumulated Rollover Long Distance minutes will not be transferred with the other services. I understand that I am responsible for payment of unpaid charges for past service (either billed or unbilled) provided by Windstream to Former Responsible Party. I understand that I am responsible for all future charges for service provided by Windstream to New Responsible Party.

_____ *Number Abandonment* - I hereby warrant that I have made a good faith effort to locate the transferring/releasing party in order to complete this change of responsibility contract and have been unsuccessful. Therefore, the telephone numbers listed in the transfer or releasing party name are in effect abandoned. I accept responsibility for these abandoned telephone numbers and I hereby accept Terms and Conditions described in Section I of this document. Furthermore, I accept responsibility for the existing Windstream Communications account number and all past due, current and future charges against this account.

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

New Company Name: _____ Fed ID Number: _____

Physical Address: _____ Billing Address: _____

Primary Authorized Contact Name (Printed): _____ Title: _____

Primary Authorizing Contact Signature: _____ Date: _____

Primary Authorizing Contact Email address: _____ Contact TN: _____

My initials in the space(s) below indicate that I authorize Windstream Communications to change the following:

Outbound Caller ID _____ Directory Listing _____ Directory Assistance _____ Authorized Contacts _____
If any of the above options are initialed, please provide a detailed list for each type of change requested.

**** PLEASE NOTE: FORM MUST BE COMPLETED IN ITS ENTIRETY BEFORE PROCESSING CAN BEGIN ****

Important: All applicable information must be completed in its entirety. Please print clearly and legibly to help ensure accurate and timely processing. When used herein, the term "Company" means the legal entity that has requested service from Windstream.

General Company Information:

Legal Company Name: _____ (the "Company").

Type of Entity: Partnership Sole Proprietor Corporation Limited Liability Company other

Other trade name(s): _____ DBA: _____ Years in Business: ____ yrs ____ mos.

Fed. Tax ID: _____ Number of Employees: _____ Annual Sales: \$ _____

Physical Street Address (no PO Box numbers please): _____

City: _____ State: _____ Zip: _____ How long? ____ yrs. ____ mos.

Contact Person: _____ Phone: () _____ Fax: () _____

Previous Address: _____

City: _____ State: _____ Zip: _____ How long? ____ yrs. ____ mos.

Do you own or lease the building in which you are located? (Please check one if applicable) Own Lease

Principal of the Company:

I hereby authorize Windstream to use the information provided below to obtain a consumer credit report, and I understand that my creditworthiness may be considered by Windstream when making a decision whether to provide services to the Company on credit.

Principal name: _____ Signature: _____

Title or Position: _____ Phone: () _____

Social Security Number: _____ Year of Birth: _____

Residential Street Address: _____

City: _____ State: _____ Zip: _____

Affiliated or Parent Company Information:

Affiliated or Parent Company: _____

Address: _____

Contact Name: _____ Title: _____ Phone: () _____

Company Name: _____

Address: _____

Contact: _____ Title: _____ Phone: () _____

Trade References:

Company Name: _____ Account Number: _____ Credit limit _____

Contact: _____ Title: _____ Phone: () _____

Company Name: _____ Account Number: _____ Credit limit _____

Contact: _____ Title: _____ Phone: () _____

