



Change of Name or Ownership Change Form

Attention Customer – Contact NuVox 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 NuVox Communications ("NuVox") 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 NuVox Communications' billing system, and is responsible for all charges until NuVox 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 NuVox to Former Responsible Party.

Customer Account Number: \_\_\_\_\_ Company Name: \_\_\_\_\_

Number(s):

Grid of lines for listing phone numbers.

Primary Authorizing Contact Name\* (Printed): \_\_\_\_\_ Title: \_\_\_\_\_

\*Name Must Match NuVox 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 NuVox to Former Responsible Party. I understand that I am responsible for all future charges for service provided by NuVox 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 NuVox 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, NuVox 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 Nuvox 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 IT'S 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 NuVox.

**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 NuVox to use the information provided below to obtain a consumer credit report, and I understand that my creditworthiness may be considered by NuVox 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: ( ) \_\_\_\_\_



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NUVOX RESERVES THE RIGHT TO REQUEST A COPY OF (a) THE COMPANY'S MOST RECENT FINANCIAL STATEMENT AND (b) THE REMITTANCE PORTION OF THE INVOICE FROM THE COMPANY'S PREVIOUS OR CURRENT TELECOMMUNICATIONS CARRIER.

I understand that the information contained in this application is presented for the purpose of obtaining credit in connection with the provision by NuVox of telecommunication and/or information services. I hereby certify that I am an officer of the Company named on the front page of this application, that I am duly authorized to provide the information contained herein on behalf of the Company, and that the information contained is true and correct to the best of my knowledge. I hereby authorize NuVox Communications to obtain credit information from any credit bureau or other investigative agency pertaining to the credit and financial responsibility of the Company. I further understand as a result of the credit review, NuVox may decline to provide its services to Company or the Company may be required to submit a deposit, payment authorization form (auto-pay) for a 12 month period or other assurance of payment before NuVox will agree to provide services to Company. All services provided by NuVox to Company will be provided pursuant to NuVox's service agreement terms and conditions.

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Company Name

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Type or Print Name and Title of Owner or Officer

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Authorized Signature

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Date

Please fax to **864-335-5913**.