

ImOn Change of Ownership Form



The parties listed below wish to change the ownership on Account Number: _____

Please change the current billing account information **from**:

Name _____ Telephone Number _____

Address _____

Please change the billing information **to**:

Name _____ Telephone Number _____

Address _____

Social Security Number _____

New Owner Signature _____ Date _____

Please check which services will be transferred:

Phone _____

_____ Please keep the current telephone directory information the same (if applicable)

_____ Please change the current telephone directory information to the following:

Non-Pub _____ Non-List _____ Omit Address _____ Listed _____

(Not in DA or Book) (In DA, but not in book) (Address omitted from DA & Book) (Listed in DA & Book)

Name _____ Telephone Number _____

Address _____

Cable _____

Internet _____

The new owner agrees to transfer the above products, including product features, and assumes full responsibility for charges and equipment from ImOn Communications. Any changes to products or product features can be made after the completed transfer of ownership has been received by ImOn Communications. This form needs to be signed and returned within **20 days** from _____ or your service will be temporarily suspended. If the form is not returned and signed within **30 days** your service will be permanently disconnected.

The requested date of ownership change is _____.

Information for Current Owner of billing:

Signed _____ Date _____

Forwarding address (final bill) _____

For ImOn Office Use Only:

Date Received _____	Received By: _____	Approved <input type="checkbox"/> yes <input type="checkbox"/> no
Date Applied _____		