Date: | || || || || || ||

To:12082756143

Transfer of Billing Responsibilities E-mail/Faxback Form Personal/Employee to Corporate Assumption of Liability rev.10/15/07

This form will allow you to transfer billing responsibilities for a Verizon Wireless mobile telephone number currently held by you to your employer

1. Complete all the applicable fields below.

of Organization's Agreement with Verizon Wireless.

Signed:

Organization Name:

- 2. If you are eligible, or required, to change your calling plan (if the relinquishing party is on a Family SharePlan the remaining lines may no longer qualify for the Family SharePlan and those lines will also be required to select a new calling plan), please review the available calling plans on the Verizon Wireless website at verizonwireless.com. Select an appropriate calling plan and make necessary changes before submitting this request. Provide the new calling plan information by completing the fields in the Calling Plan Change section below. The change will become effective once the transfer of liability is complete.
- Read the terms and conditions of this Transfer of Billing Responsibilities Form.
- 4. When returning this form via e-mail you must click the box above the signature line below to acknowledge your electronic acceptance of these terms. Save a copy of the form and upload it to the Verizon Wireless Secure Document Gateway at https://b2b.verizonwireless.com/tbmb/formuploader/ (address must be manually typed in to your browser). The form should then be e-mailed by both the relinquishing and assuming party to from the Secure Document Gateway. Assuming party e-mails will only be accepted from the Organization's email domain. Once the form is received, a confirmation e-mail notice will be sent to the requester's e-mail box. An email must be received from both the relinquishing and assuming parties to ensure that each party has accepted these terms.
- 5. If e-mail process is not available, return this form via Fax, have both parties sign and print at the bottom of this form and fax this form to:

Note: Completion timelines for the Assumptio	n of Liability reque	est is 3-5 business	days.			
Acc	ount information	ı (Relinquishing (Customer)			
Wireless Number to be Transferred:	Existing Account	Number:	Curre	rent Calling Plan:		
Relinquishing Customer's Name:		Relinquishing Customer's e-mail Address:				
Relinquishing Customer's Billing Address: (No PO Boxes)		City: பப்பப்ப		State: ២២៤២៧	Zip Code: เมษแบบ	
Billing Address (Cont): FIFTERTE		Relinquishing Customer's Phone Number: பப்பப்ப			Relinquishing Customer's Employee I.D. (if applicable):	
Personal/Employee Release of Liability (Relinquishing Customer)						
 Upon completion of the transfer of liability liability. You will be responsible for the payme as your only notice of the transfer of liability. In addition to assigning all billing responsible become the property of Organization. By signing this form, or checking the box to the completion of the property of Organization. 	nt of this final bill su bilities to your Orgar pelow, you agree to r rning via e-mail, plea	ubject to the terms a nization, all calling in release liability for th use check the box to	nd conditions of formation associ te mobile telepho the left to ackno	your Customer Agree iated with this mobile in one number indicated in wledge your electronic	ment and it will serve interphone number will above.	
terms. An email must be received from both the relinquishing and assure Signed: Print Na		ame: กรกกก		Date:	ems.	
Calling Plan Change - If Required (Assuming Customer)						
Calling Plan Name: 00000		ss Fee: ППППП			,	
Organization Assumption of Liability (Assuming Customer)						
 The individual signing this Transfer of Liab By signing this form, or checking the box be returning via email, the Organization represent Upon processing of the transfer of billing retelephone number. 	pility on behalf of Org below, Organization a stative must include t	genization represents agrees to assume lia their name and date)	s that they have ability for the mo	the legal capacity to b bile telephone number	indicated above. (if	
 Organization will be required to accept a c the remainder of the existing contract term will 			ss than 12 month	s remaining on the ex	isting contract, then	
 Subject to the existing line term, this line of service may be subject up to a \$175 Early Termination Fee pursuant to the terms and conditions. 						

If you received this form electronically and are returning via e-mail, please check the box to the left to acknowledge your electronic acceptance of these

Title:

Print Name: C

terms. An email must be received from both the relinquishing and assuming parties to ensure that each party has accepted these terms.

This Transfer of Billing Responsibilities is subject to Organization's Agreement with Verizon Wireless.