Transfer of Billing Responsibilities Faxback/E-mail Form Corporate to Personal/Employee Assumption of Liability



This form will aid you in transferring billing responsibilities for a Verizon Wireless mobile telephone number currently held by your employer to you

Complete all the applicable fields below.

- 2) If you are eligible, or required, to change your calling plan (or if the line you are transferring is the primary line on a Family SharePlan, or is the only secondary line on a Family SharePlan), please review the available calling plans on the Verizon Wireless website at verizonwireless.com. After selecting a calling plan, complete the fields in the Calling Plan Selection section below.
- Read the terms and conditions of this Transfer of Billing Responsibilities.
- 4) Read the Verizon Wireless Customer Agreement. You may obtain a copy of the Customer Agreement from your Company or Verizon Wireless representative or online at verizonwireless.com (enter in Customer Agreement in the search field).
- 5) If you are returning this form via Fax, have both parties sign and print at the bottom of this form and fax this form to: StateoffLMWBFORequests@verizonwireless.com
- 6) If you are e-mailing this form, click the box to the left of the appropriate signature line, save a copy and email it to . Emails will only be accepted from your company email domain

Wircless Number to be Transferred: Add = 239 - 7852 Current Corporate Account Number: (If applicable): Employee Name: Add to Existing Account Number: (If applicable): Billing Address (No PO Boxes) Date of Billin: Social Security #: E-Mail Address: (No PO Boxes) State: Date of Billin: Social Security #: E-Mail Address: (No PO Boxes) State: Add to Existing Account Number: (If applicable): Billing Address: (No PO Boxes) State: Date of Billin: Social Security #: E-Mail Address: Social Security #: Social Security #: E-Mail Address: Social Security #: Social Security #: Work Phone: State: Address: Social Security #: Calling Plan Name Monthly Access Fee: Home Airtime Minutes: Company Release of Liability Monthly Access Fee: Home Airtime Minutes: Company Release of Liability Property Prope	only be accepted from your company email domain	
Employee Name: No PO Boxes) Billing Address: (No PO Boxes) B	Account Information	
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Billing Address (Cont): City: State/Zip Code: 6 (Cont) 2 Driver's License Number: State: Ed. Work Phone: 4 - 8 - 5 - 46 4 9 Calling Plan Information Monthly Access Fee: Home Airtime Minutes: Calling Plan Information Monthly Access Fee: Home Airtime Minutes: Company Rolease of Liability The account identified must be current (no past due balance) before Verizon Wireless can transfer it to another party. The individual signing this Transfer of Liability on behalf of Company represents that they have the legal capacity to bind Company. By signing this form, or checking the box below, company agrees to release liability for the mobile telephone number indicated above. (if returning via e-mail/please cheef the box to the left to acknowledge your electronic acceptance of these terms Signed: Date: 3 - 22 - 20 17 Name: Persona/Employee Assumption of Liability Upon processing of the transfer of billing responsibilities, a new personal account will be established for you, for this mobile telephone number for which you agree to assume all financial responsibility. Establishment of your new personal account is dependent upon a credit check. Some of your personal information above will be used in conjunction with that credit check. A deposit may be required to establish this account. Your new personal account requires an annual service agreement and you may be subject to a \$175 Early Termination Fee pursuant to the terms and conditions of both the Transfer of Billing Responsibilities and the Customer Agreement. If you are receiving discounted monthly access fees as a benefit of your employment: You understand that this discount is based on your organization's agreement with Verizon Wireless, and that from time to time, your discount rate may be adjusted in accordance with your organization's agreement. You agree that, if you are otherwise subject to an Early Termination Fee, you will not be permitted to terminate your service without being liable for such Early Termination Fee solely because of a change in	Employee Name: Robert J Miller	Add to Existing Account Number: (If applicable):
Calling Plan Name Calling Plan Information Monthly Access Fee: Home Airtime Minutes: Company Release of Liability The account identified must be current (no past due balance) before Verizon Wireless can transfer it to another party. The individual signing this Transfer of Liability on behalf of Company represents that they have the legal capacity to bind Company. By signing this form, or checking the box below, company agrees to release liability for the mobile telephone number indicated above. (If returning via email, the company representative must include their name and date) If returning via e-mail. The please cheef the box to the left to acknowledge your electronic acceptance of these terms Date: Title: Personal/Employee Assumption of Liability Upon processing of the transfer of billing responsibilities, a new personal account will be established for you, for this mobile telephone number for which you agree to assume all financial responsibility. Establishment of your new personal account is dependent upon a credit check. Some of your personal information above will be used in conjunction with that credit check. A deposit may be required to establish this account. Your new personal account requires an annual service agreement and you may be subject to a \$175 Early Termination Fee pursuant to the terms and conditions of both the Transfer of Billing Responsibilities and the Customer Agreement. If you are receiving discounted monthly access fees as a benefit of your employment: You understand that this discount is based on your organization's agreement with Verizon Wireless, and that from time to time, your discount rate may be adjusted in accordance with your organization's agreement. You understand that this discount is based on your organization's agreement. You understand that for such Early Termination Fee solely because of a change in your rates resulting from a discount adjustment to which your organization has agreed. You understand that certain information relating to your service,	Billing Address: (No PO Boxes)	Date of Birth: Social Security #:
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Calling Plan Name Monthly Access Fee	City: Cary State/Zip Code: 60012	Driver's License Number: State:
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