

Assumption of Liability Authorization Form
NON Bulk transactions / Single line request rev. 04/22/08



This form will allow you to transfer billing responsibilities for a Verizon Wireless mobile telephone number.

- Complete all the applicable fields below.
- 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.
- 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/fomuploader/> (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 if that is who is assuming the transfer. 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.
- 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 Assumption of Liability request is 3-5 business days

Account Information - Relinquishing Customer

- The account identified must be current (no past due balance) before Verizon Wireless can transfer it to another party.
- Upon completion of the transfer of liability, Verizon Wireless will send you a final bill for all charges due through the date of the transfer of liability, which will serve as your only notice of the transfer of liability. You will be responsible for the payment of this final bill subject to the terms and conditions of the Verizon Wireless National/Major Account Agreement or your Customer Agreement, as applicable.
- In addition to assigning all billing responsibilities, all calling information associated with this mobile telephone number will become the property of the assuming party.
- By signing this form, or checking the box below, you agree to release liability for the mobile telephone number indicated above.

Signed: <input checked="" type="checkbox"/>	Print Name:	Date:
Wireless Number to be Transferred:	Billing Address: (No PO Boxes)	
Existing Account Number:	Billing Address (Cont):	
Current Calling Plan:	Billing Address City:	Billing Address State:
Relinquishing Customer Name:	Billing Address Zip Code:	
Relinquishing Customer Email Address:	Relinquishing Customer Contact Number:	

If transfer involves a Wireless Number under a Company Name:

Relinquishing Company Name:	Company Title of Relinquishing Customer:
-----------------------------	--

Account Information - Assuming Customer

- Assuming party will be subject to a credit check. Some of your information below will be used in conjunction with that credit check. A deposit may be required to establish this transfer.
- The individual signing this Transfer of Liability represents that they have the legal capacity to bind themselves and the Organization (if applicable) they represent.
- By signing this form, or checking the box below, Assuming Party agrees to assume liability for the mobile telephone number indicated above.
- Once the transfer of billing responsibilities is processed, Assuming Party will be solely responsible for all financial responsibility for this mobile telephone number.
- Assuming Party will be required to accept a one-year contract term unless there is less than 12 months remaining on the existing contract, then the remainder of the existing contract term will carryover to your new account.
- If the line is terminated prior to the expiration of the line term, this line of service may be subject up to a \$175 Early Termination Fee pursuant to the terms and conditions of your Agreement with Verizon Wireless.
- This Assumption of Liability is subject to your Organization's Agreement with Verizon Wireless or acceptance of the Verizon Wireless Customer Agreement, whichever is applicable. Assuming Party has read and understand these Terms and Conditions.

Signed:	Print Name:	Date:
---------	-------------	-------

To be filled out by all Assuming Customers:

Create New Billing Account: Yes <input type="checkbox"/> No <input type="checkbox"/>	Billing Address: (No PO Boxes)		
Add to Existing Account Number (if applicable): New Account number	Billing Address (Cont):		
Assuming Customer Name:	Billing Address City:	Billing Address State:	
E-Mail Address:	Billing Address Zip Code: 21787		
Primary Address of Use (if different than billing): No P.O. Boxes:	City:	State:	Zip:

If transfer is to an individual, please fill out the following:

Date of Birth:	Social Security #:	Driver's License Number:	State:
Home Phone:	Work Phone:		

If transfer is to a company, please fill out the following:

Company Name:	Co. Title of Assuming Customer:	Federal Tax ID #: ****	# of Years in Business:
---------------	---------------------------------	------------------------	-------------------------

Equipment Offer - Assuming Customer (if applicable)

<input type="checkbox"/> Yes, I would like to accept the equipment offer and the 2-year customer contract associated with this offer. (Fill out remaining fields in this section.)		<input type="checkbox"/> No, I'm not interested in the equipment offer at this time. (No further action needed in the Equipment Offer section.)	
Equipment Type	Make:	Model:	
Shipping Address: Same as Billing Address Above <input type="checkbox"/>		Credit Card Information:	
Name:	Attn:	Address:	Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/>

Complete This Section Only