



Change of Liability/Name Change Request Form

Effective Date Requested: _____

Change of Liability Request

Service number(s) to be moved:

Installation balance to be moved:

Number of installments:

Existing Account Number: _____

New Account Number: _____

Plans(s) to remain: _____

Plans(s) requested: _____

Feature(s) to remain: _____

Feature(s) requested: _____

ACCEPTANCE OF Existing CUSTOMER
By endorsement below, I will no longer be held responsible for the mobile number(s) listed above. I understand I am responsible for all charges incurred and any promotional offers received on the number(s) and account until I am notified by Nex-Tech Wireless that the Change of Liability has been completed. I also understand all terms and conditions that were in effect under my agreement with Nex-Tech Wireless prior to the effective date remain in effect until all amounts due to Nex-Tech Wireless are paid in full.

ACCEPTANCE BY Potential CUSTOMER
By endorsement below, I accept full responsibility for the mobile number(s) listed above. I understand and agree to all terms and conditions as contained in the Customer Service Agreement attached hereto. In addition, I understand and agree to take full responsibility for all charges incurred and any promotional offers received as of the effective date of the Change of Liability, which Nex-Tech Wireless will notify me of.

Signature of Account Holder on Existing Account

Signature of Account Holder on New Account

Date: _____

Date: _____

Check if Account Owner is Deceased then process Name Change Form below.

Name Change Request

Account Number: _____

Existing Account Name: _____

New Account Name: _____

This form must be accompanied by proof of name change. For personal accounts, this may include Driver's License or marriage certificate. For business accounts, updated FEIN, SSN or other proof of change must be provided.

If new name due to deceased account holder:

New SSN: _____

New DOB: _____

This form can only be signed by the Main Account holder.

Signature of account holder: _____

Date: _____

CPNI FORM

Please ensure all answers are printed legibly for timely processing of this form.

Account Number: _____

Customer's MDN: _____

Name of Customer (Account Holder): _____

Nex-Tech Wireless Account Password:

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|

Must be between 4 and 10 characters

Choose Security Question:

Please check only one security question

What city is your high school in?

What is the model of your first car?

What is the name of your favorite pet?

What is your favorite sports team?

What street did you grow up on?

Where did you spend your honeymoon?

Answer to Security Question: _____

E-mail Address: _____

An Account Holder signature and date is required to process this form.

Account Holder Signature: _____

Date: _____

Additional Authorized Users:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

Will Authorized Users Have a Different Password?

Yes

No

If Yes, Enter Separate Password Here:

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
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Must be between 4 and 10 characters