

## Business Account – Name Change / Service Takeover Form

This form must be completed in its entirety for the specified Optimum Mobile Business account.

### Instructions / Checklist

**Business Name Change** *(Changing the name of the business and business ownership remains the same)*

- Page 2 – Business Name Change
- Page 4 – Notary Validation *(current/existing customer part only)*

**Business Service Takeover** *(Business is changing ownership. May also change name of the business)*

- Page 3 – Business Service Takeover
- Page 4 – Notary Validation *(current/existing customer)*
- Page 4 – Notary Validation *(new customer)*
- Proof of Current Business Ownership (New Business Owner)**  
*(e.g. IRS Form SS-4 or Certificate of Authority)*

**We may contact you for the following additional documentation if required to complete your request.**

- Copy of Identifications for individuals representing Current & Previous Business Ownership**  
*(e.g. Driver's License, Military ID, Passport, Green Card)*
- Proof of Previous Business Ownership**  
*(e.g. IRS Form SS-4 or Certificate of Authority)*

### Send completed form and any required documents to:

**Optimum**  
**Attn: Shared Services**  
1111 Stewart Ave  
Bethpage, NY 11714  
**OR**  
Fax to 516-803-1688

**Business Name Change** (Fill out this section only if you are changing the name of the business and ownership is remaining the same)

**Account Information**

Optimum Mobile Account Number: \_\_\_\_\_ Date: \_\_\_\_\_

Current Business Name: \_\_\_\_\_ EIN/Tax ID#: \_\_\_\_\_

New Business Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account Holder: \_\_\_\_\_  
(Named Account Holder / Primary individual authorized to act on behalf of the business organization)

Primary Phone Number: \_\_\_\_\_ Sign-In Email Address: \_\_\_\_\_

**You may be contacted should we have any questions regarding this form.**

I, \_\_\_\_\_, \_\_\_\_\_, on behalf of the above  
Print Name Title

named business, authorize Optimum Mobile Business to change the **Business Name** on the above referenced account. I represent that I have the right and authority to act on behalf of the above-named business in connection with this Optimum Mobile Business account and authorize this name change on behalf of the above-named business.

\_\_\_\_\_  
Print Name of Named Account Holder Signature of Named Account Holder Date

**Business Service Take Over** (Fill out this section only if the business is changing ownership. May also change business name)

**Existing Account Owner Information**

Optimum Mobile Account Number: \_\_\_\_\_ Date: \_\_\_\_\_

Business Name: \_\_\_\_\_ EIN/Tax ID#: \_\_\_\_\_

Service Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account Holder Name: \_\_\_\_\_  
(Named Account Holder / Primary individual authorized to act on behalf of the business organization)

Primary Phone Number: \_\_\_\_\_

Authorized User(s): \_\_\_\_\_  
(Named Authorized User(s) / Secondary individual(s) authorized to act on behalf of the business organization. Up to 5 may be designated)

I, \_\_\_\_\_, \_\_\_\_\_, on behalf of the above  
Print Name Title

Business named above ("Existing Business"), hereby acknowledge and agree that I am authorizing Optimum Mobile Business to remove the Existing Business from the above referenced account and provide the New Business designated below with access to and control of the account. I represent that I have the right and authority to act on behalf of the above Existing Business in connection with this Optimum Mobile Business account and authorize this transaction on behalf of the Existing Business. All responsibility for the account (including but not limited to financed devices) will become the responsibility of the New Business. Additionally, I acknowledge that any credits and/or refunds issued to this account will be issued to the new account holder as of the effective date of the account transfer. I further acknowledge and agree that the New Business will have access to certain personal and sensitive information associated with the account such as Optimum Mobile Voice call detail records, accounts and the contents thereof, and other account information, such as payment history. I agree to disclose to the New Business all Optimum Mobile Sign-In Email Address, passwords and answers to security questions associated with the account.

\_\_\_\_\_  
Print Name of Existing Named Account Holder Signature of Existing Named Account Holder Date

### New Account Owner Information

Business Name: \_\_\_\_\_ EIN/Tax ID#: \_\_\_\_\_

Account Holder Name: \_\_\_\_\_  
(Named Account Holder / **Primary** individual authorized to act on behalf of the business organization)

Primary Phone Number: \_\_\_\_\_ Sign-In Email Address: \_\_\_\_\_

I, \_\_\_\_\_, \_\_\_\_\_, on behalf of the above  
Print Name Title  
 named Business ("New Business") authorize Optimum Mobile Business to change the name on the above referenced account such that this New Business will now be the account holder subject to the Customer Service Agreement available at <https://www.optimum.com/mobile/legal/terms-and-policies>. I represent that I have the right and authority to act on behalf of the above New Business in connection with this Optimum Mobile Business account and authorize this transaction on behalf of the New Business. New Business agrees to assume full responsibility for the account, including financed device balances and all **outstanding balances due** on the account as of the effective date of the account transfer. New Business understands that any promotional offers currently applicable to the account will continue pursuant to the same terms and conditions of the initial offer. New Business understands that it must obtain Optimum Mobile Sign-In Email Address, passwords and answers to security questions from the existing Business to gain access to certain features.

\_\_\_\_\_  
 Print Name of New Named Account Holder Signature of New Named Account Holder Date

## Notary Validation

### Required to validate individual(s) signing the form

| Current/Existing Customer   | New Customer (if applicable)  |
|---|---|
| STATE OF: _____, COUNTY OF: _____<br>This record was signed and sworn before me on this _____ day of _____, 20_____, before me, the undersigned Notary Public personally appeared _____, _____<br><small>Print name of signer</small><br>and proved to me through documentary evidence to be the person named in the foregoing, and executed the same.<br><b>Notary Signature:</b> _____<br><b>My commission Expires:</b> _____<br><br><br><br><br><br><br><br><br><br><br><small>Notary Seal Stamp</small> | STATE OF: _____, COUNTY OF: _____<br>This record was signed and sworn before me on this _____ day of _____, 20_____, before me, the undersigned Notary Public personally appeared _____, _____<br><small>Print name of signer</small><br>and proved to me through documentary evidence to be the person named in the foregoing, and executed the same.<br><b>Notary Signature:</b> _____<br><b>My commission Expires:</b> _____<br><br><br><br><br><br><br><br><br><br><br><small>Notary Seal Stamp</small> |