



TRANSFER OF LINE(S) FORM

Thank you for requesting a Transfer of Line(s) form. Please read this form carefully and fill it out completely and accurately (please print clearly). If you have any questions please call our Customer Service Department toll-free at 1-888-449-4940.

Based on the information that you provide on this application, an advance payment may be required. If an advance payment is necessary, you will be notified of the amount required before we can complete the processing of your Transfer of Line(s) request. The Transfer of Line(s) will not be processed if the account is past due.

If the customer, from whom the line is being transferred, receives discounted telephone service through our Link-Up or Lifeline Service Programs, these programs will be removed from the account when transferred to your name. If you are receiving certain types of State or Federal assistance, you may be eligible for such discounted telephone service.

Upon processing this Transfer of Line(s) request, a new Access Code will be assigned to your account to ensure the security of your personal information. You will find the new Access Code in the upper right corner of your first invoice, directly below your account number. This Access Code will be required for all account inquiries. It is your responsibility to insure against unauthorized access to your account by changing the access code to a unique code selected by you, and to update the challenge question by contacting our Customer Service Department after you receive your first invoice. Please note that your Access Code will not be required to make online payments or payments by phone, or to report a telephone repair issue regarding your phone line.

1. List the telephone number(s) to be transferred (including area code): _____

2. Sage Account Number: _____

3. Name of Current Account Holder: _____

Current Billing Address: _____

4. Name of New Account Holder: _____

New Account Holder Social Security Number: _____

Relationship to Current Account Holder: _____

New Billing Address: _____

5. Name to be listed in White Pages Directory:

(Please check one box below. If this section is not completed, the first initial and last name of the new account holder will be listed, i.e. R. Smith.)

- List as _____ (i.e., Rick Smith, R Smith, Rick and Lisa Smith)
- Non-Listed – you do not want your name listed in the telephone directory**
- Non-Published – you do not want your name listed in the Directory Assistance database or the telephone directory**

**Your account will be billed a monthly recurring fee for this option. For additional information regarding this fee please call our Customer Service Department.

6. Please check the reason for the Transfer of Line(s) request and provide a copy of the supporting documentation as indicated below:

<u>Reason for Change</u>	<u>Supporting Documentation</u>
<input type="checkbox"/> Death	A copy of Death Certificate
<input type="checkbox"/> Marriage	A copy of Marriage Certificate
<input type="checkbox"/> Divorce	A copy of Divorce Decree
<input type="checkbox"/> Legal Name Change	A copy of Petition Name Change (document varies by county)
<input type="checkbox"/> Other	

As the Current Account Holder, I understand that my signature below authorizes Sage Telecom to transfer the above telephone line(s) from my name to the New Account Holder.

Current Account Holder Signature: _____ Date: _____

Contact Number: _____

As the New Account Holder, I understand that my signature below authorizes Sage Telecom to obtain credit information from the consumer credit reporting agencies and to contact me at the telephone number provided below. I understand that I am responsible for all charges due on the account, including the \$9.50 fee for processing this Transfer of Line(s) request.

New Account Holder Signature: _____ Date: _____

Contact Number: _____

Please return the completed form, along with supporting documentation, by mail or fax as indicated below:

Fax Number: (866) 842-6462
Attn: Billing Department

Mailing Address: Sage Telecom, Inc.
Attn: Billing Department
3300 E. Renner Road, Suite 350
Richardson, Texas 75082-2800

For Sage Telecom, Inc internal use only!	
Date Received _____	Credit Review: PASS FAIL
Date Order Submitted _____	