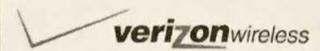


Transfer of Billing Responsibilities E-mail/Faxback Form
Government Agency to Personal/Employee Assumption of Liability rev. 11142011



This form will allow you to transfer billing responsibilities for a Verizon Wireless mobile telephone number currently held by your employer to you.

- 1) Complete all the applicable fields below.
- 2) If you are eligible or required to change your calling plan, please review the available calling plans on the Verizon Wireless website at www.verizonwireless.com/plans or contact us at 1-800-922-0204. After selecting a calling plan, complete the fields in the Calling Plan Change section below.
- 3) Read the terms and conditions of this Transfer of Billing Responsibilities Form.
- 4) Read the Verizon Wireless Customer Agreement.
- 5) E-mail this form by clicking the box to the left of the appropriate signature line, save a copy and email it to VZWFederal.Accounts@verizonwireless.com. E-mails will only be accepted from your Organization's email domain. Once the form is received, a confirmation e-mail notice will be sent to the requester's e-mail box.
- 6) 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: 800-290-1468.

Note: Completion timelines for the Assumption of Liability request is 48 business hours.

Account Information (Assuming Customer)

Wireless Number to be Transferred: <u>803-322-1255</u>		Create New Billing Account: Yes or <input checked="" type="radio"/> No	
Assuming Customer Name: <u>Pisanik Law Firm</u>		Add to Existing Account Number (if applicable): Account Number: <u>0442102853-00001</u>	
Billing Address: (No PO Boxes) <u>1539 Healthcare Dr.</u>		Date of Birth:	Tax ID# Social Security #: <u>46-3341652</u>
Billing Address (Cont): <u>RA</u>		E-Mail Address:	
City: <u>Rock Hill</u>	State: <u>SC</u>	Driver's License Number:	State: <u>SC</u>
Zip Code: <u>29732</u>	Home Phone:	Work Phone: <u>803-322-2158</u>	

Organization Release of Liability (Relinquishing Customer)

- The individual signing this Transfer of Liability on behalf of Organization represents that they have the legal capacity to bind Organization.
- Organization remains responsible for all charges incurred until the line is transferred.
- By signing this form, or checking the box below, Organization agrees to release liability for the mobile telephone number indicated above. If returning via email, the Organization representative must include their name and date.

If returning via e-mail, please check the box to the left to acknowledge your electronic acceptance of these terms.

Signed (Authorized SPOC):	Title:	
Name:	Date:	Current Corporate Account Number:

Personal/Employee Assumption of Liability (Assuming Customer)

- 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 up to a \$175 Early Termination Fee pursuant to the terms and conditions of both the Transfer of Billing Responsibilities and the Customer Agreement.
- You understand that certain information relating to your service, including your name, your mobile telephone number and total monthly charge may be released to your organization.
- Verizon Wireless reserves the right to require proof of your employment (Government Agency ID badge or pay stub). If a review of your employment status reveals that you are not, or are no longer, an employee of your organization, Verizon Wireless reserves the right to remove this discount and move you to a commercially available calling plan or to a non-discounted service plan for the remainder of your line term commitment.

If returning via e-mail, please check the box to the left to acknowledge your electronic acceptance of these terms.

Note: Your Organization may have separately agreed to release this line to you.

Signed: <u>[Signature]</u>	Date: <u>7/29/2016</u>
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Calling Plan Change - If Required (Assuming Customer)

Calling Plan Name:	Monthly Access Fee:	Allowance Minutes:
Feature Name:	Feature Monthly Access Fee:	