

Please fax this form to our Billing Department for processing. The form can also be scanned and emailed to: FAX@Your-Site.com.

# New Owner Transfer Request

## Your-Site Account Ownership Transfer

<b>To:</b> Your-Site Billing Department	<b>From:</b>
<b>Fax:</b> 1-413-499-4504	<b>Pages:</b>
<b>Phone:</b> 1-413-499-6690 option 3	<b>Date:</b> / /
<b>Re:</b> Account Ownership Transfer	<b>CC:</b>

**- PLEASE PRINT -**

I, \_\_\_\_\_, accept the transfer of ownership of the domain hosting account for: \_\_\_\_\_.

(DOMAIN NAME HERE – PLEASE PRINT IN ALL CAPS)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (        )        -        x

OFF-SITE EMAIL: \_\_\_\_\_

(FORM CANNOT BE PROCESSED WITHOUT THIS – DO NOT LIST AN ADDRESS AT YOUR DOMAIN)

BILLING FREQUENCY:  Quarterly  Annually  Bi-Annually  However the account is now

ACCOUNT BILLING:  Check / Money Order  Credit Card (please fill in information below)

CREDIT CARD:  VISA  MASTERCARD  DISCOVER **AMEX IS NOT ACCEPTED**

CARD NUMBER: \_\_\_\_\_ EXPIRATION: \_\_\_\_ / \_\_\_\_

NAME ON CARD: \_\_\_\_\_

Signature: \_\_\_\_\_