

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

# Original Owner Transfer Request

## Your-Site Account Ownership Transfer

**To:** Your-Site Billing Department **From:**

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**Fax:** 1-413-499-4504 **Pages:**

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**Phone:** 1-413-499-6690 option 3 **Date:** / /

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**Re:** Account Ownership Transfer **CC:**

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**- PLEASE PRINT -**

I, \_\_\_\_\_, authorize the transfer of the domain name hosting account \_\_\_\_\_ to the following party:

(DOMAIN NAME HERE – PLEASE PRINT IN ALL CAPS)

NEW PARTY: \_\_\_\_\_

NEW PARTY PHONE: ( ) - x

YOUR PHONE: ( ) - x

ACCOUNT VERIFICATION (master password or last 4 digits of CC on file): \_\_\_\_\_

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



**PHOTO ID MUST BE:**

Local Drivers License w/ Photo

Passport

State Photo ID card

Other OFFICIAL PHOTO DOCUMENT

**NOTE: The requested Photo ID MUST be included AND *LEGIBLE* for the form to be processed.**

For Office Use Only	Status	Date	Initials	Time	Notices 1 & 2	
		/ /		: <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/>	<input type="checkbox"/>
		/ /		: <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/>	<input type="checkbox"/>
		/ /		: <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/>	<input type="checkbox"/>