

Transfer of Ownership Form

Please fill out this form to request a Transfer of Ownership. Signatures of both parties are required so that the current account holder "customer" can be released from any further responsibility and the new account owner "transferee" can assume future billing. This transfer form will be returned if any information is omitted. Any further questions you may have can be directed to our customer service department at the number located on your most recent invoice. **Fax completed and signed forms to: 866-432-4410 or email it to: customer.care@usamobility.com.**

Release of Account (To be completed by Customer):

Customer transfers and assigns all of its right, title and interest in and to the USA Mobility Wireless account described below ("Account") to the Transferee as of the Effective Date of Transfer. Customer agrees to pay USA Mobility Wireless for Services provided before the Effective Date of Transfer, even if not invoiced to Customer until after the Effective Date of Transfer.

Customer's Account Number: _____

Pager Number: _____

Contact Number: _____

Customer's Name (Print): _____

Customer's Signature / Date: _____

Acceptance of Account (To be completed by Transferee):

Transferee accepts the transfer and assignment of Customer's right, title and interest in and to the Account as of the Effective Date of Transfer. Transferee acknowledges that (i) Credit Card is requested for account set-up and (ii) Individual Accounts require Quarterly, Semi-Annual, Annual Invoicing and (iii) A \$10.00 Transfer Fee will be charged and collected at the time of transfer and (iv) Leased units must be purchased upon completion of transfer and (v) The Terms and Conditions of Service will apply and (vi) Pay all charges to Services provided to Transferee on and after the Effective Date of Transfer.

Transferee's Name (Print): _____

Transferee's Account Number (If existing customer): _____

Transferee's Signature / Date: _____

Transferee's Billing Name and Address, City, State and Zip Code:

Transferee's Contact Number: _____

Social Security Number or Federal Tax I.D. Number: _____

Mark (X) to Choose Type of Bill Plan: Quarterly Semi-Annual Annual

Requested Date of Transfer: _____

After submitting the Transfer of Ownership form with all the required information and signatures, allow up to 72 hours for the transfer to be completed.

NOTE: This form does not, and is not intended to, cover any transfer or sale of pagers or other equipment between the "Customer" and "Transferee"; only with the transfer of liability for Services provided by USA Mobility Wireless.