

Business Account – Name Change / Service Takeover Form

This form must be completed in its entirety for the specified Optimum Business account.

Instructions / Checklist

Business Name Change *(Changing the name of the business and business ownership remains the same)*

- Page 2** – Business Name Change.
- Page 4** – Outbound Caller ID & Directory Listing Information. *Must be filled out if subscribing to Optimum Voice.*
- Page 4** – Notary Validation *(current/existing customer part only)*

Business Service Takeover *(Business is changing ownership. May also change name of the business)*

- Cancel Automatic Payments** – Current owner, cancel any Automatic Payments you have through Optimum Business or your financial institution
- Page 3** – Business Service Takeover.
- Page 4** – Outbound Caller ID & Directory Listing Information. *Must be filled out if subscribing to Optimum Voice.*
- Page 4** – Notary Validation *(current/existing customer)*
- Page 4** – Notary Validation *(new customer)*
- Proof of Current Business ownership (New Business Owner)**
(e.g. IRS Form SS-4 or Certificate of Authority)

We may contact you for the following additional documentation if required to complete your request.

- Copy of Identifications for individuals representing current & previous business ownership**
(e.g. Driver's License, Military ID, Passport, Green Card)
- Proof of Previous Business ownership**
(e.g. IRS Form SS-4 or Certificate of Authority)

Send completed form along with proof of ownership & identification to:

Altice USA
Attn: Shared Services
200 Jericho Quadrangle
Jericho, NY 11753
OR
Fax to 516-803-1688

Business Name Change *(Fill out this section only if you are changing the name of the business and ownership is remaining the same)*

Account Information

Optimum Account Number: _____ Date: _____

Current Business Name: _____ EIN/Tax ID#: _____

New Business Name: _____

Service Address: _____

City: _____ State: _____ Zip: _____

Account Holder: _____
(Named Account Holder / Primary individual authorized to act on behalf of the business organization)

Primary Phone Number: _____ Alternate Phone Number: _____

Primary Email Address: _____ Alternate Email Address: _____

Authorized User(S): _____
(Named Authorized User(s) / Secondary individual(s) authorized to act on behalf of the business organization. Up to 5 may be designated)

You may be contacted should we have any questions regarding this form.

I, _____, _____, on behalf of the above
Print Name Title

named business, authorize Optimum Business to change the **Business Name** on the above referenced account. I represent that I have the right and authority to act on behalf of the above named business in connection with this Optimum Business account and authorize this name change on behalf of the above named business.

Print Name of Named Account Holder

Signature of Named Account Holder

Date

Optimum Voice

Outbound Caller ID & Directory Listing Information

If you subscribe to Optimum Voice service and need to update the Caller ID Name displayed on outbound calls, please complete the information below to update the Caller ID Name. In addition, if you are changing the Directory Listing Name for any of the telephone numbers on the account, list the telephone numbers below and the Directory Listing Name to which you want to change it to. Directory Listing is the business name that is listed with services such as 411 and the Yellow Pages.

Must select one. *If this section is not completed, Outbound Caller ID & Directory Listing Information will not be updated*

- Not subscribed to Optimum Voice service
- Subscribed to Optimum Voice service, but not changing Caller ID and/or Directory Listing information
- Subscribed to Optimum Voice service and changing Caller ID and/or Directory Listing information

Optimum ID: _____
Optimum ID used to log into business.optimum.net to access Optimum Voice features. If taking over business, make sure to obtain from previous owner.

Outbound Caller ID Name: _____
up to 15 characters including spaces (all lines will share same Outbound Call ID)

Telephone Number	Directory Listing Name (Up to 75 Characters)
1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	
9)	
10)	
11)	
12)	

Notary Validation

Required to validate individual(s) signing the form

<input type="checkbox"/> Current/Existing Customer	<input type="checkbox"/> New Customer (if applicable)
<p>STATE OF: _____, COUNTY OF: _____,</p> <p>This record was signed and sworn before me on this _____ day of _____, 20_____, before me, the undersigned Notary Public personally appeared _____, <small>Print name of signer</small> and proved to me through documentary evidence to be the person named in the foregoing, and executed the same,</p> <p>Notary Signature: _____</p> <p>My commission Expires: _____</p> <p style="text-align: center; font-size: small;"><i>Notary Seal Stamp</i></p>	<p>STATE OF: _____, COUNTY OF: _____,</p> <p>This record was signed and sworn before me on this _____ day of _____, 20_____, before me, the undersigned Notary Public personally appeared _____, <small>Print name of signer</small> and proved to me through documentary evidence to be the person named in the foregoing, and executed the same,</p> <p>Notary Signature: _____</p> <p>My commission Expires: _____</p> <p style="text-align: center; font-size: small;"><i>Notary Seal Stamp</i></p>