

Business Account – Name Change / Service Takeover Form

This form <u>must</u> be completed in its <u>entirety</u> 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.
\square Page 4 – Outbound Caller ID & Directory Listing Information. <i>Must be filled out if subscribing to Optimum Voice.</i>
☐ 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. <i>Must be filled out if subscribing to Optimum Voice.</i>
☐ 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	ion only if you are changing the name of the bus	iness 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:		
Nam	ed Account Holder / Primary individual authorized to act on behalf of the l	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 or	ganization. Up to 5 may be designated)
You may be contac	ted should we have any questions regard	ing this form.
1.		. on behalf of the above
Print Name	Title	
named business, authorize Optimum Business have the right and authority to act on behalf o authorize this name change on behalf of the a	of the above named business in connection v	•
Print Name of Named Account Holder	Signature of Named Account Holder	Date



Business Service Take Over (Fill out this sect	ion only if the business is changing ownership.	May also change business name)
Existing Account Owner Information		
Optimum Account Number:		Date:
Business Name:		EIN/Tax ID#:
Service Address:		
City:	State:	Zip:
Account Holder Name:		
(Nam	ed Account Holder / Primary individual authorized to act on behalf of the	
Primary Phone Number:	Alternate Phone Number:	
Authorized User(s):	econdary individual(s) authorized to act on behalf of the business organiz	ration. Up to 5 may be designated)
Optimum Business services being transferred (check those app		· · · · · · · · · · · · · · · · · · ·
Note: Any services not be IMPORTANT: It is your responsibility to cancel any direct paym no longer have access to the Optimum Online email addresses		
l,Print Name	,	, on behalf of the above
Business named above ("Existing Business"), hereby acknowled above referenced account and provide the New Business desig to act on behalf of the above Existing Business in connection was All responsibility for the account (including but not limited to at the New Business. Additionally, I acknowledge that any credits date of the account transfer. I further acknowledge and agree the account such as Optimum Voice call detail records, Optimum as payment history. I agree to disclose to the New Business all	nated below with access to and control of the account ith this Optimum Business account and authorize this the second and optimum Business installed at the above second and/or refunds issued to this account will be issued to that the New Business will have access to certain personal Online email addresses, accounts and the contents of the second account will be issued to the New Business will have access to certain personal Online email addresses, accounts and the contents of the second accounts and the contents of the second accounts are second accounts.	I represent that I have the right and authority transaction on behalf of the Existing Business. <u>rvice address</u>) will become the responsibility of the new account holder as of the effective onal and sensitive information associated with thereof, and other account information, such
Print Name of Existing Named Account Holder	Signature of Existing Named Account Holder	Date
New Account Owner Information		
Business Name:		EIN/TaxID#:
Account Holder Name:		
	count Holder / Primary individual authorized to act on behalf of the busin	
Primary Phone Number:		
Primary Email Address:	Alternate Email Address:	
Authorized User(s):(Named Authorized User(s) / So	econdary individual(s) authorized to act on behalf of the business organiz	eation. Up to 5 may be designated)
l,		, on behalf of the above
named Business ("New Business") authorize Optimum Business account holder subject to the General Terms and Conditions of to act on behalf of the above New Business in connection with Business agrees to assume full responsibility for the account, ir above service address and all outstanding balances due on the promotional offers currently applicable to the account will con it must obtain Optimum ID's, passwords and answers to securit	Service available at http://optimum.net/serviceinfo. this Optimum Business account and authorize this transcluding but not limited to responsibility for all equipments account as of the effective date of the account transfetinue pursuant to the same terms and conditions of the	I represent that I have the right and authority insaction on behalf of the New Business. New ent of Optimum Business installed at the er. New Business understands that any e initial offer. New Business understands that
Print Name of New Named Account Holder	Signature of New 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.

noted men services such as 122 and the renem ruges.	
Must select one. If this section is not completed, ☐ Not subscribed to Optimum Voice serv	Outbound Caller ID & Directory Listing Information will not be updated ice
· ·	but not changing Caller ID and/or Directory Listing information
•	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:	
	naracters 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 f	orm
Current/Existing Customer	New Customer (if applicable)
- Currenty Existing Customer	Trew customer (ij applicable)

Notary Seal Stamp

My commission Expires:

My commission Expires: