

Dear Cox Business Customer:

The following is an Account Holder Update packet sent in response to your request to change the ownership of a Cox Business account. There is a total of four pages in this packet including this coversheet.

To ensure the fastest processing of this request, please be mindful of the following items:

- Carefully read and complete each section of the following forms. Incomplete forms will not be processed.
- The Account Holder Update (pg. 2), CPNI Registration Form (pg. 3), and Name Change Form (pg. 4) should be signed by the same person.
- An Authenticating Document must be returned with the Account Holder Update and CPNI Registration Form. There are six acceptable items listed on the Account Holder Update (pg. 2).
Note: If a Letter of Explanation on Company Letterhead is returned, the letter must be notarized.
- The Name Change Form is only required if the business name is changing.
- If there are multiple accounts, attach additional Account Numbers and Service Addresses to page 2.

After completing and signing the following documents this packet and the Authenticating Document should be emailed to acctmaintformupload@cox.com for processing.

We look forward to assisting you with the requested account changes. If you have any questions you can contact us online at www.coxbusiness.com/chat. Thank you for choosing Cox Business as your business solution!



Account Holder Update

Account Number:

"Company Name":

"Company Contact":

Service Address:

City:

State:

Zip:

"Date":

Re: Modification of Commercial Services Agreement

You have indicated a desire to assume the above-referenced existing Agreement and receive the services described therein directly from Cox Business Services. This letter will allow you to assume the existing Agreement.

To complete your request, remit this completed Account Holder Update, CPNI Registration Form and **one** of the below Authenticating Documents:

- Business License
- Articles of Incorporation / Organization
- Tax Exempt Certificate
- Letter of Authorization (must be signed by current Account Holder)
- Death Certificate
- Notarized Letter of Explanation on Company Letterhead Detailing Change

Provided you have complied with all the requirements above, effective on the "Date" above by "Company Contact" with "Company Name" all the services under this Agreement, "Company Name" will be responsible for complying with all obligations under the Agreement. In addition, the below signed accepts full responsibility for all balances on the account being assumed. If you agree with this letter and the obligations contained in the Agreement, please sign below to indicate your acceptance of the Agreement.

If you have any questions you can contact us online at www.coxbusiness.com/chat.

Acceptance of Assumption

Signature of Company Contact:

Print Company Contact Name:

Title:

Phone Number:

Email Address:



CPNI Registration Form

Cox Business' commitment to customer privacy has identified the need for the development of a strict customer verification process. This form is to be used to add authorized individuals to your account, as we will verify the calling party on each call.

Company:

Account Number:

Phone:

Fax:

Email:

Service Address:

Billing Address:

Do you want your Cox PIN to print on the bill? Yes No

Create a 4-digit PIN for your account:

Note: A valid Cox PIN is a 4-digit number. It cannot be 1234, the same number repeated (e.g. 2222) or the last 4 digits of the Tax ID or Social Security Number.

Preferred Contact Method (Choose One):

US Mail Email:

Email, optional:

Email, optional:

Select a Secret Question / Answer

What is your secret code?

What school did you attend at 10 years old?

What was the first concert you attended?

What was the last name of your 1st grade teacher?

What was the name of your first pet?

In what city did your mother and father meet?

What street did you live on in 3rd grade?

What is your maternal grandmother's maiden name?

Decline

Answer to selected Secret Question:

(5 - 20 characters) Not required if "Decline" was selected.

Authorized Users

Any name currently on the account that is not listed below will be removed. List the names of all individuals authorized to discuss account information, make changes, or receive billing information for this account.

The Account Holder must sign and date below to authorize the requested changes.

Account Holder Signature:

Printed Name:

Title:

Date:



Name Change Request Form

Account Number:

Print Account Holder's Name:

Phone:

Fax:

Email:

Service Address:

City:

State:

Zip:

Mailing Address:

City:

State:

Zip:

Prior Business Name / Information

Legal Company Name:

Doing Business As:

New Business Name / Information

Legal Company Name:

Doing Business As:

Customer hereby represents and warrants unto Cox that it has legally changed its name as set forth above and further agrees to remain bound by the terms, conditions, and obligations of the customer under the Existing Commercial Services Agreement including the Terms and Conditions attached thereto.

All Directory Listing and Caller ID entries will be updated for each telephone line on the account. **Please select only one of the available four options.**

I acknowledge and accept the update to Directory Listing and Caller ID using "Legal Company Name".
Please initial here:

I acknowledge and accept the update to Directory Listing and Caller ID using "Doing Business As".
Please initial here:

I understand changes need to be made. Please contact me for specific listing instructions.

Not applicable; no telephone services on account.

Account Holder Signature:

Print Account Holder's Name:

Title:

Date: