ANCHORAGE OFFICE
4300 B Street, Suite 501
Anchorage, Alaska 99503
1-800-478-6409
Fax: 907-563-3394

UTQIAGVIK OFFICE
1078 Kiogak Street
Utqiagvik, Alaska 99723
907-852-7100
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www.astac.net ▪ info@astac.net

BUSINESS APPLICATION – CHANGE OF RESPONSIBILITY RELEASE

Account Number(s): _____
(list all account #s or provide attachment)

OR

Telephone Number(s): _____
(list all telephone #s or provide attachment)

For Office Use Only
Date Received _____ Date Completed _____ Deposit Required _____
New Customer Account # _____ CSR Initials _____

ASTAC is hereby requested to transfer all services now provided to the customer associated with and holding the above referenced account/telephone number(s). All charges on this account will be paid to a zero balance prior to any transfer.

The customer assuming the account/numbers agrees to assume and be fully bound by any agreement or conditions now in effect between ASTAC and the outgoing customer regarding telephone service, equipment, and the directory advertising, whether or not contracted charges have been billed.

The incoming and outgoing customers agree to save and hold ASTAC free and harmless from any loss, damage, or liability that might result from the transfer and, in the event of suit, agree to pay ASTAC reasonable attorney fees and court costs.

The incoming and outgoing customers agree that the information in this Change of Responsibility may be released to the other telephone companies, upon request, for collection purposes.

The outgoing customer understands that this transfer is contingent upon the signature of the incoming customer being accepted by ASTAC.

This agreement is effective upon the date it is received and accepted by ASTAC with proper signature, unless another date is agreed upon as shown below.

_____
Print name of **PREVIOUS** Business (per business license)

_____
Print name of **NEW** Business Name (per business license)

_____
Print name of **PREVIOUS** Owner of Business

_____
Print name of **NEW** Business Owner

_____/_____
Signature of **PREVIOUS** Business Owner Date

_____/_____
*Signature of **NEW** Business Owner Date

_____/_____/_____
Witnessed by: (Print) Witnessed by: (Signature) Effective Date

***NEW customer must complete an application**