



Account Transfer Form

Username _____
Date ____/____/____

I give Sonic.net, Inc. authorization to transfer my existing account services and terms to the new account holder specified below.

Current Account Holder Information:

Print Name _____
Signature _____
Contact # _____

I, the new account holder, agree to the terms and conditions outlined in the Acceptable Use Policy (AUP) at www.sonic.net/aup and any other terms that may apply depending on the services listed on the current account, such as DSL, Colocation, T1 etc. (If you are unsure of these other terms, please give our billing department a call)

New Account Holder Information:

Print Name _____
Signature _____
Address _____
Phone Number _____ Fax Number _____
Email address _____

We accept: MasterCard / Visa

New Credit Card Information _____
Security code _____ Exp ____/____

Billing Address for credit card is the same as billing address above

If no, Billing Address _____