



TCT Billing Responsibility Change Form



Mailing address: PO Box 671
 Physical address: 405 S 4th St
 Basin, WY 82410
 OFFICE 307.568.3357 FAX 307.568.2506

Mailing address: PO Box 158
 Physical address: 451 Shoshone Ave
 Lovell, WY 82431
 OFFICE 307.548.2275 FAX 307.548.7771

Mailing address:
 401 S Bent St #4
 Powell, WY 82435
 OFFICE 307.754-9160 FAX 307.568.3748

EXISTING ACCOUNT HOLDER/S:

Effective _____, I/we, the account holder/s and authorized signer/s of the following TCT account, authorize that said account be changed as follows:

Account Number _____ Telephone Number _____

Forwarding address _____

Printed Name _____ Social Security # _____

Signature _____ Date _____

Printed Name _____ Social Security # _____

Signature _____ Date _____

NEW ACCOUNT HOLDER/S:

I/we request that my/our name/s be added to the above TCT account, and agree to take full responsibility for all services and charges incurred:

Account Number _____ Telephone Number _____

Billing address _____

Printed Name _____ Date of Birth _____

Driver's License # _____ Social Security # _____

Signature _____ Date _____

Printed Name _____ Date of Birth _____

Driver's License # _____ Social Security # _____

Signature _____ Date _____

Both parties hereby agree that the name of EXISTING ACCOUNT HOLDER will be removed from said account and he/she/they will no longer be a responsible party to the account. The remaining named individual/s will be solely responsible for this account from this date forward. It is further understood that there will be a \$7.20 name change charge to have telephone directory listing changed in any way. It is agreed that any outstanding toll and/or other charges will be worked out among the parties involved.

***Tri County Telephone Association, Inc. members only:** If you are the account holder for service(s) in a Tri County Telephone exchange, the following applies: (1) The undersigned does hereby agree to change of membership in Tri County Telephone Association, Inc. by completion of this form. (2) The undersigned further agrees to comply with and be bound by the Articles of Incorporation and Bylaws of Tri County Telephone and any rules and regulations adopted by the Board of Directors. (3) The undersigned does further agree to pay promptly the fees incurred for monthly services, and understands that any unpaid fees or bills may be deducted from the undersigned's capital credit account, services may be discontinued, and the membership cancelled. (4) The TCT account, as well as membership in Tri County Telephone will be in the business or applicant(s)' name(s) and social security number(s) or EIN, EXACTLY as indicated above.