



BUSINESS TRANSFER REQUEST

This document is to submit a transfer of service from one location to another

Sparklight Business Account Number

Business Name

Contact Name

Contact Phone Number

Email Address

Current Business Address

Address

City

State

Zip Code

New Business Address

Address*

City

State

Zip Code

**Please include pre or post street direction and/or suite/unit number if needed.*

By signing this form you are authorizing Sparklight Business to relocate all your existing services to your New Business Address.

Owner or Authorized User** (Printed Name)

Date

Owner or Authorized User** (Signature)

Date

***The owner or authorized person must be listed on the Sparklight Business account.*

This document does not renew or extend your Sparklight Business Contract. All terms and conditions stated in your original contract still apply. Sparklight Business may charge for any applicable charges for installation, disconnection, and reconnection. A past due balance and/or an incomplete form may result in the form being returned to the owning parties and could result in the delay or cancellation of the request being processed.

Please let us know if you have any questions. We can be reached at **1-877-570-0500** or **Businesscare.Transfers@sparklight.biz**

Thank you for choosing Sparklight Business!