

8x8 Billing Department 8x8, Inc. 675 Creekside Way, Campbell, CA 95008	
RE: Assignment and Consent / Case No. or Customer ID:	
Service Agreement dated _____ by and between _____ and 8x8, Inc.	
Customer / Assignor Name: _____	Phone: _____ Email: _____
Successor / Assignee Name: _____	Phone: _____ Email: _____
<p>The purpose of this letter is to: (i) inform you that _____ recently acquired the business of _____; and (ii) request that 8x8, Inc., consent to _____ assignment of 8x8 services associated with the acquired business ("The Agreement") to _____, effective _____.</p> <p>In connection with the assignment of the Agreement, _____ of _____ has agreed to assume all obligations under the Agreement.</p> <p>If you have any questions about the assignment or about _____, please do not hesitate to contact me at _____.</p> <p>Sincerely,</p>	
Assignor Signature:	Assignee Signature:
Assignor Full Name: _____ Title: _____ Date Signed: _____	Assignee Full Name: _____ Title: _____ Date Signed: _____

Additional information - for Successor only

Please confirm what the 8x8 account name will be. If left blank, the current account name will be retained.

Account name: _____

Your account will require that you name/assign administration responsibilities to one of your staff members. Please provide the following information for your Primary Administrator.

New Primary Administrator

8x8 Login Username: _____

First/Last Name: _____

Email address: _____

Phone Number: _____

Successor/Assignee Signature

Successor/Assignee Full Name

Title

Date