

SONIC.

Account Transfer Form

Username _____

Date ____/____/____

I give Sonic, 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.com/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: American Express / MasterCard / Discover / Visa

New Credit Card Information _____

Security code _____ Exp ____ / ____

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

If no, Billing Address _____

billing@sonic.com

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