



# Transfer of Ownership Form

## Existing Owner (Seller)

Contact Name:

Contact Phone:

Company Name:

PayRange Acct #:

Contact Email:

Notes/Comments:

## New Operator (Buyer)

Contact Name:

Contact Phone:

Company Name:

PayRange Acct #:

Contact Email:

Notes/Comments:

## For office use only:

Subscription:      Yes  No       Basic  Premium

Features:    TTP  LPP  MC  BIC  Main  Camp

Date completed:

Completed by:

Verification used:

Monday to process the transfer date:

Notes/Comments:

For specific devices, indicate here (or attach):

#	Device ID / Serial Number	Notes	#	Device ID / Serial Number	Notes
1.			16.		
2.			17.		
3.			18.		
4.			19.		
5.			20.		
6.			21.		
7.			22.		
8.			23.		
9.			24.		
10.			25.		
11.			26.		
12.			27.		
13.			28.		
14.			29.		
15.			30.		
<b>Total Devices Transferred:</b>					

**Authorization:**

**Seller:** by signing below, you are indicating you are authorized to request PayRange to make the changes indicated.

**Buyer:** by signing below, you are agreeing that all terms and conditions transfer with ownership.

**Seller:**

**Buyer:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date