

**CHANGE OF SUB-ACCOUNT OWNERSHIP**

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**IMPORTANT NOTE:** In order to take affect, this **Change of Sub-Account Ownership** form must completed and returned to CCBill. If the transfer of a sub-account is to be to a new CCBill client, the new client must submit a **Transaction Processing Agreement** prior to the approval of the transfer of this sub-account. CCBill will not transfer ownership to a non CCBill entity.

**Please sign and fax this completed form to 1-480-449-8823.**

Please do not assume the change has been made unless you receive email confirmation from CCBill to the address you have provided for your account.

Current Client Account & Sub-Account #: \_\_\_\_\_

Name: \_\_\_\_\_

Current Name on Check: \_\_\_\_\_

Current Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

New Client Account & Sub-Account#: \_\_\_\_\_

New Name on Check: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

Seller Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Seller Name Printed: \_\_\_\_\_

Buyer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Buyer Name Printed: \_\_\_\_\_