



ALTERATION FORM

PHONE NUMBER \_\_\_\_\_

THE UNDERSIGNED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL ADDRESS 1 \_\_\_\_\_

EMAIL ADDRESS 2 \_\_\_\_\_

ALTERATIONS

_____	TRANSFER OF SERVICE	60.00
_____	DOWNGRADE OF SERVICE	15.00
_____	SUSPEND OF SERVICE	50.00
_____	UNSUSPEND OF SERVICE	
_____	TERMINATE SERVICE	

IMPORTANT : SUBSCRIBER STANDS FULLY RESPONSIBLE FOR ALL ACCOUNTS ON HIS TELEPHONE NUMBER UNTIL THIS AGREEMENT IS TERMINATED BY FILLING OUT AND SIGNING THE LETTER OF TERMINATION.

CUSTOMER SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

TECHNICIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

CUSTOMER CARE REP SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_