



TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO

Operating Policy and Procedure

HSCEP OP: 56.01, ATTACHMENT C

PURPOSE:

REVIEW:

POLICY/PROCEDURE:

Transfer of Wireless Service Agreement

From Texas Tech Univ. Health Sciences Center to an Individual

I hereby assume all charges outstanding on cellular number (_____) _____ either billed or unbilled. This account is currently billed to _____.

The undersigned makes application for the service and for such additional services as may be ordered thereafter and agrees to pay established rates for all such service(s). In making this application the undersigned agrees to the rules and regulations of this specified cellular company _____. This application becomes a contract upon receipt and acceptance of this completed agreement by the chosen cellular company.

If the account is to be billed to a business, an Acceptance of Billing Responsibility form will accompany this agreement and must be returned to the cellular company to complete the transfer of service process.

Department Head approval and signature required:

Name: _____ Signature: _____

(Please print)

Signature of Existing Customer: _____ Date: _____

Bill Name (Please print): _____

Street Address: _____

City, State, Zip Code: _____

Signature of New Customer: _____ Date: _____

Bill Name: (Please print): _____

Street Address: _____

City, State, Zip Code: _____