Transfer of Wireless Service Agreement

From TTUHSCEP to an Individual

| I hereby assume all charges outstanding on cellular number (| | | |
|--|-------|---|------|
| | | Department Head approval and signature required | : |
| | | Name: Signat (please print) | ure: |
| 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: | | | |