



NAME CHANGE FORM

OLD BILLING NAME:	
NEW BILLING NAME:	
STATE OF ORGANIZATION:	
STATE FILING #:	EIN:
REASON FOR NAME CHANGE:	
BILLING ADDRESS AND CONTACT INFORMATION	
ADDRESS:	
CITY, STATE, ZIP CODE:	
CONTACT PERSON:	
CONTACT PHONE #:	CONTACT FAX #:
CONTACT EMAIL ADDRESS:	
DIRECTORY LISTING INFORMATION	
NEW LISTING:	
ADDRESS:	
CITY, STATE, ZIP CODE:	
LISTED TELEPHONE #:	
DO YOU WANT YOUR OUT-GOING CALLER ID TO DISPLAY THE NEW NAME? (CHECK) <input type="checkbox"/> YES OR <input type="checkbox"/> NO	
TYPE OF BUSINESS:	
CUSTOMER ACCEPTANCE	

By signing below, Customer represents and warrants to Vonage that it has the requisite authority to use the above listed name and such change is not in connection with an ownership change or substantial sale of its assets. Customer acknowledges and agrees that this Name Change Form will amend Customer's existing Sales Order and associated Account by replacing the old Customer name with the new Customer name. Customer obligations and terms and conditions in the Sales Order and Service Terms will remain unchanged.

CUSTOMER NAME (PLEASE PRINT):	TITLE:
CUSTOMER SIGNATURE:	DATE: