

# **magicJack Name Change Request Form**

magicJack LP.

931 Village Blvd – Suite 905 Box No. 386 West Palm Beach, FL 33409

Date \_\_\_\_\_

Please change the name on my magicJack account for the following reason:

\_\_\_\_\_  
\_\_\_\_\_.

I have read and agreed to the magicJack Subscriber Agreement for Products and Services, and certify this request is not in violation of said agreement.

Current Account Holder

Requested Account Holder

Account Number \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

New Account login Email (if applicable) \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Current Account Holder Signature

\_\_\_\_\_  
Requesting Account Holder Signature

I certify the individuals named above executed this request in my presence.

\_\_\_\_\_  
Notary Signature and Seal