



NAME CHANGE FORM - VISION

Updated 9/12/23

\*\*Please contact the Venture office to confirm if any required changes should be made to your automatic payments and/or online accounts. \*\*

FAX: 1-605-852-2404 EMAIL: venture@venturecomm.net
218 Commercial Ave. SE • PO Box 157 • Highmore, SD 57345 • 1-605-852-2224

Billing Information

Please print with ink. Incomplete application may cause a delay in service.

(Please list all individuals who will be responsible for the account.)

Billing name(s)

Billing(mailing) address

City, State Zip Code

(Physical)911 Address

Can Be Reached phone # Text To phone #

Email Address

Person(s) other than names listed above that can make billing changes or inquiries on this account (these people are not assuming payment responsibility for the bill)

Directory Information: ONLY fill this section out if you have a LANDLINE phone number with Venture

Name(s) as you wish it to appear in Phone Directory

Address as you wish it to appear in Phone Directory

If you wish to have this phone number listed under any other name(s) in the Directory, list the name(s) below.

\*(Additional charges will apply) \*

Account Information

Social Security # for 1st applicant Birthdate Federal Tax ID# for Business Account

Social Security # for 2nd applicant Birthdate Responsible Party for Business Account

Reason for Name Change:

- Marriage YEARS
Divorce/Separation
Deceased Spouse
Other

I acknowledge that I have read and understand this application and assume all responsibility of any charges, local service, and all toll charged on this number as of the connect date until all services are terminated. I also agree to notify Venture Communications Cooperative when service is no longer desired. By signing this application, I understand that I am also authorizing Venture Communications Cooperative to verify my credit information.

SIGNATURE REQUIRED: DATE: (If two names are listed on the Billing information, each applicant's signature is required)

CO-APPLICANT SIGNATURE: DATE: