



Solusur LLC
mbiadmin@solusur.com
Phone: 646.233.1200

6303 Blue Lagoon Dr. Suite 320
Miami, FL 33126-6005

MBI Management – MBI Assignment Change

Requester Information

Company Number:	<input type="text"/>	Company Name:	<input type="text"/>
Requester's User ID:	<input type="text"/>	Phone:	<input type="text"/>

Application Data

Part I - If you are transferring all of your MBIs, please complete this section (Part I).

I am transferring all MBIs for this company.

Company ID:

When MBI transfer is complete would you like to deactivate your company? Yes No

Note: if you do not deactivate your account, you will be charged the quarterly maintenance fee.

Part II - If you are transferring one or more, but not all, of your MBIs, please complete this section (Part II).

Account ID:

Please attach a list of all MBIs being transferred and submit the list with this form.

Part III

Action: {	<input type="checkbox"/> Implementation Date Change	New Date:	<input type="text"/>	MBI Being Changed:	<input type="text"/>
	<input type="checkbox"/> Transfer Date Change	New Date:	<input type="text"/>	MBI Being Changed:	<input type="text"/>
	<input type="checkbox"/> New Transfer	Transfer Date:	<input type="text"/>		

Transfer Data

Reason Code: Acquisition of Assets Acquisition of legal entity Merger of two entities Other

Reason for Transfer:

Transfer to Acct. ID:

If transferring to a different company, or if the transferring contact does not have access to both accounts, then an authorized User ID for the receiving account must be supplied here. Both the Requesting Contact and Receiving Contact, if different, must provide signatures on page two of this form.

Receiver's User ID: Phone:

Comments



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Payment Information

- There is no charge for changes made within the same company.
- There is a \$150.00 fee if MBIs are being transferred between two different companies.

Invoice: Let us know and we will create an invoice for you to pay online

Enclosed Check – Number: **Please make checks payable to:
Solusur LLC**

Credit Card – Check card type and complete information below: MasterCard Visa AmEx

Credit Card Number:	<input type="text"/>	Expiration Date:	<input type="text"/>
Card Holder's Name:	<input type="text"/>		
Mailing Address:	<input type="text"/>		
Mailing Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
		Zip:	<input type="text"/>

Certification

I am the authorized user to which the Requester's User ID (entered above) was assigned and I certify that the information provided on this form is accurate. If provided, I also authorize the above credit card payment information.

Authorized Name (printed):	<input type="text"/>
Authorized Signature:	<input type="text"/>
Date Signed:	<input type="text"/>

Certification

I am the authorized user to which the Receiver's User ID (entered above) was assigned and I certify that the information provided on this form is accurate. If provided, I also authorize the above credit card payment information.

Receiver's Name (printed):	<input type="text"/>
Receiver's Signature:	<input type="text"/>
Date Signed:	<input type="text"/>