CREDITOR ADVOCATES INC

# **Client Change of Ownership**

Client Code	
Client Name	
Date of Sale/Ownership Change	

Former Owner Contact Info		New Owner Contact Info		
Contact Name		Contact Name		
Company Name		Company Name		
Address		Address		
City, State Zip		City, State Zip		
Phone		Phone		
Email		Email		
FEIN or SSN		FEIN		

## Did the New Owner purchase the A/R along with the sale?

	Please fill out the above section for New Owner Contact Info. New Owners should separately fill out a New Client Setup form.		
Yes	Does the new owner have Creditor Advocates contact information?		
	For ongoing support, do the New Owners have access to generate itemized statements, retrieve signed financial agreements, etc?		
	Please fill out the above section for Former Owner Contact Info		
No	Contact for ongoing support to generate itemized statements, retrieve signed financial agreements, etc		
	Contact for legal action authorization, if legal action is desired going forward.		
	Payee on Check		
	Address to send Check		

Please fill out the list of authorized portal users on the back of this form (new and existing users).

A/R Owner acknowledges the existing collection contract, HIPAA BA Agreement (if applicable), and/or any other agreement will remain in effect until cancellation notice is received or until collection efforts have been exhausted, unless and until otherwise superseded by new replacement agreements.

Former Owner (if retained A/R or provided info above)		<b>New Owner</b> (if purchased A/R, provides ongoing support, or provided info above)	
Signature		Signature	
Date		Date	

## Comments

#### **Authorized Portal Users**

Full Name	Email	Direct Phone	Username, if known

Fax to (952) 657-5932 Or Mail to: Creditor Advocates PO Box 1264 Prior Lake, MN 55372



## **Client Business Closure**

Client Code	
Client Name	
Date of Closure	
Payee on Check	
FEIN or SSN	
Address to send Check / Invoice	
Phone	
Email	
Contact for ongoing support to generate itemized statements, retrieve signed financial agreements, etc	
Contact for legal action authorization, if legal action is desired going forward.	

Please fill out the list of authorized portal users on the back of this form.

**Comments:** 

A/R Owner acknowledges the existing collection contract, HIPAA BA Agreement (if applicable), and/or any other agreement will remain in effect until cancellation notice is received or until collection efforts have been exhausted, unless and until otherwise superseded by new replacement agreements.

Former Owner (if retained A/R or provided info above)		New Owner (if purchased A/R, provides ongoing support, or provided info above)	
Signature		Signature	
Date		Date	

## **Authorized Portal Users**

Full Name	Email	Direct Phone	Username, if known

Fax to (952) 657-5932 Or Mail to: Creditor Advocates PO Box 1264 Prior Lake, MN 55372