**CHANGE OF OWNERSHIP**

Please provide the following information so we can update our records for your property.

**Email this form to** **accounts@hotelnetwork.com.au** **or fax to 02 8322 4027.**

|  |  |
| --- | --- |
| **Outgoing Property Name (seller)** |  |
| **Outgoing Business or company name if different to the property name (seller)** |  |
| **Outgoing ABN (seller)** |  |
| **Incoming Property Name (buyer)** |  |
| **Incoming Business or company name if different to the property name (buyer)** |  |
| **Incoming ABN (buyer)** |  |
| **Name of new owner & manager** |  |
| **Date of purchase/transfer of lease** |  |
| **Type of Sale** |  **☐ The buyer purchases the accounts receivable****☐ The buyer collects the seller's receivables as an agent of the seller****☐ The seller retains the receivables, collecting them outside of the transaction.** |
| **If the seller retains the receivables, collecting them outside of the transaction.** | **Please provide a statement of account or summary of all invoices outstanding and payable to you by The Hotel Network****Please reconfirm Bank Details:****BSB:****Acct Number:****Acct Name:** |
| **Incoming Owner (buyer) - Select preferred method of payment (one only)** | **☐ EFT monthly payment (refer EFT form provided)****☐ AMEX\*****☐ VISA\*****\* If you choose a credit card as payment method, you agree to waive any credit card surcharges** |

By signing below, you are agreeing that the above information is correct, and no further changes are required.

**Outgoing Owner (Seller)**

|  |  |
| --- | --- |
| **Name / Title** |  |
| **Signature / Date** |  |

**Incoming Owner (Buyer)**

|  |  |
| --- | --- |
| **Name / Title** |  |
| **Signature / Date** |  |