



REC'D _____ REV. _____ A/D INT. _____ MN _____

INSTRUCTIONS

COMPLETE SECTIONS 1 – 6. The Bills require a signature from the Transferor (Season Ticket Holder of record transferring tickets), witnessed and signed by a Notary Public (Section 6). SEE PAGE 2 for submission requirements.

1 Transferor Information (Transfer tickets from)

Name _____ Account No. _____ Seniority Date _____
First, Last

Address _____ Day Phone _____ Evening Phone _____

I don't have an email address (check box)

Email Address _____

2 Seat Information

- I am transferring my entire season ticket account.
- This is a partial transfer and I am only transferring a total of _____ seats from my account, specifically:

Section	Row	Seats

3 Financial Information

- If you have made payment on your account and would like to transfer money to the new account, please indicate the amount of money you like to transfer: \$ _____

4 Relationship between Transferor and Transferee:

- Type A - Company/Owner or Immediate Family** (defined by the Buffalo Bills as): Father (husband), Mother (wife), Son (brother), Daughter (sister), Grandfather, Grandmother, Grandson, Granddaughter. Owner to Company versa. (If approved, Seniority will be maintained. Transfer Fee waived.)
- Type B - Other:** Extended family (Aunt, Uncle, Nephew, Niece, Cousin etc.), Friend, Coworker, Company to Employee or Employee to Company (other than Owner). (If approved, Seniority will not be maintained. \$25 per seat Transfer Fee will be applied.)

5 Transferee Information (Transfer tickets to)

Is the Transferee a current Season Ticket Holder? No Yes (If "yes" please specify Account No. and Seniority Date below).

Name _____ Account No. _____ Seniority Date _____
First, Last

Address _____ Day Phone _____ Evening Phone _____

I don't have an email address (check box)

Email Address _____

6 Authorized Signature of Transferor

Today's Date _____

Notary Public

Signature _____

Today's Date _____

Notary Stamp

Do not write in, or remove the bottom portion of this form. This will be returned to you once your request has been reviewed. All requests are subject to review and the Bills reserve the right to approve or deny any such request. If denied, we will include reasons why your request was not approved. See attached Instruction Sheet for further information.

Your request to transfer Bills Season Tickets into the name of _____ has been:

Denied for the following reason(s)

Please inform the Transferee that this request has been denied.

- High Demand Area** Transfer requests to New Season Ticket Holders are not approved in high demand areas.
- Other** _____

Approved

A copy of this form has been sent to the new Season Ticket Holder of record.

Account No. _____ Seniority Date _____

Seats Transferred _____

Money Transferred \$ _____

Transfer Fee \$ _____
 A \$25/seat Transfer Fee has been applied to the new account listed above and will appear on the next invoice.

