



Buffalo Bills



Season Ticket Transfer Request Form

The Buffalo Bills reserve the right to approve or deny all requests. Please do not submit requests for seats that were purchased as new or additional season tickets for the current season. Transfer requests for new or additional seats will be denied. Transfers in sections 110-113, 132-135, 310-313 (rows 1-10), 332-335 (rows 1-10) will only be approved if being transferred to an immediate family member (see Transfer Type below). Transfer requests will be accepted from January 1 – May 1. Please allow up to 3 weeks for the request to be reviewed. A Notary Stamp is required for all requests.

CURRENT SEASON TICKET MEMBER (Transferor)

Name _____ Company Name (if applicable) _____

Email _____ Account Number _____

Cell # _____ Business # _____ Home # _____

SEAT LOCATION(S) TO BE TRANSFERRED

Section _____ Row _____ Seats _____

Section _____ Row _____ Seats _____

Total # of seats to be transferred _____

Are there parking passes to be transferred? YES _____

NO _____

Total # Passes _____

Is there money on account to be transferred to transferee? YES _____

NO _____

Amount \$ _____

TRANSFER TYPE

Type A is an immediate family member (Father, Mother, Son, Daughter, Husband, Wife, Brother, Sister, Grandchild). Proof of relationship must accompany all type A requests and if approved, seniority will transfer to the account of the transferee.

Type B is extended family (Uncle, Aunt, Nephew, Niece, Cousin, In-Law) along with friends, season ticket partners, co-workers, company to employee, employee to company. A \$25 per seat fee will be applied to the account of the transferee and seniority will not transfer.

Relationship between Transferor and Transferee: Type A ☐ Type B ☐

Authorized Signature of Transferor _____ Date _____

or Authorized Signature of Executor of Estate/Power of Attorney _____ Date _____

Notary Public Signature _____ Date _____

Notary Stamp

TRANSFER SEATS TO (Transferee)

Name _____ Account Number (if applicable) _____

Type of account: Personal ☐ Corporate ☐ Company Name _____

Email _____ Street _____

City _____ State/Province _____ Zip/Postal Code _____

Cell # _____ Business # _____ Home # _____

Please submit this completed form to your account service representative via email, in person at the Buffalo Bills Ticket Office, or by mail: **Buffalo Bills Ticket Office, One Bills Drive, Orchard Park, NY 14127**