



## Office Transfer Form

Agent Name: \_\_\_\_\_

Office Transferring FROM: \_\_\_\_\_

Office Transferring TO: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Agent Phone: \_\_\_\_\_ Agent Phone (2): \_\_\_\_\_

Website: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

### **TRANSFERS WILL BE PROCESSED WHEN:**

- 1. Completed Office Transfer Form is received**
- 2. All Active, Contingent and Pending listings have been cancelled or transferred to original Broker**
- 3. Letter from former Broker terminating your affiliation**
- 4. \$50 Transfer Fee is received**

Credit Card information:

\_\_\_\_\_  
Credit Card # \_\_\_\_\_ Exp \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_  
Credit Card Billing Address

**I certify that all information given on this form is true and correct.**

\_\_\_\_\_  
Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
New Broker Signature \_\_\_\_\_ Date \_\_\_\_\_