

A licensee transferring from one firm to another shall, within 30 days of the transfer, submit a completed Transfer Form (Form 99) to the Association with a \$25.00 transfer fee. Please allow 72 business hours after submitting Transfer Form 99 before entering or transferring listings.

AGENT INFORMATION

Name: _____ Real Estate License #: _____

Phone *(cell phone preferred)*: _____ New E-mail: _____

Home Address: _____

City: _____ State: _____ Zipcode: _____

OFFICE INFORMATION

New Firm Name: _____

Firm Address: _____

City: _____ State: _____ Zipcode: _____

Designated REALTOR®/Office Manager Signature (required): _____

Previous Firm Name: _____

PAYMENT INFORMATION

Credit Card Type: Visa MasterCard Discover American Express

Cardholder Name: _____

Card Number: _____ Exp (MM/YY): _____

CVV: _____ (The CVV is the 3 digit number on the back of your Visa, MC, or Discover cards; or the 4 digits on the front of the American Express card.)

Is your billing address the same as your home address listed above? Yes No

If no, please list your billing address below:

Billing Address: _____

City: _____ State: _____ Zipcode: _____

Cardholder Signature: _____