



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 All Active, Contingent and Pending listings have been withdrawn or transferred to original Broker.**
- 3. E-mail from former Broker terminating your affiliation.**
- 4. \$50 Transfer Fee is received.**

Credit Card information:

Credit Card # Exp Sec.Code 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