



TRANSFER TO NEW OFFICE

FEE: \$50.00

AGENT NAME _____

AGENT SIGNATURE _____

TRANSFERRING FROM _____

NEW OFFICE _____

LICENSE NUMBER _____ **NRDS MEMBER #** _____

NEW E-MAIL ADDRESS: _____

EFFECTIVE DATE OF TRANSFER _____

As the new responsible Broker, I hereby accept and assume all rights and obligations pursuant to Santa Maria Association of REALTORS MLS System and Key Lease Agreement.

BROKER NAME _____

BROKER SIGNATURE _____

DATE _____

FOR ASSOCIATION OFFICE USE ONLY

PAYMENT RECEIVED \$ _____ **CHECK #** _____ **CASH** _____ **Credit Card** _____

PLEASE BILL TO BROKER _____ **Invoice Created** _____

MLS System _____

NRDS _____

Billing _____

Key System _____

Web _____