



5409 SUNSET ROAD | NEW PORT RICHEY, FL 34652
T: 727.848.8507 | F: 727-845.4937 | WPBOR.COM

E-mail completed form(s) to: lindy@wpbor.com
or lindsay@wpbor.com

Membership Office Transfer Form

All the information below must be filled in and submitted to the board office within ten (10) days after transferring firms. There is a \$25.00 transfer fee that must accompany this form. Please make check payable to West Pasco Board of Realtors®

NAR ID # _____

NAME: _____

HOME ADDRESS: _____

HOME PHONE #: _____ EMAIL: _____

LICENSE#: _____

FIRM NAME _____ FIRM # _____

FIRM ADDRESS: _____

FIRM PHONE: _____ Ext _____ FIRM FAX#: _____

PREVIOUS FIRM: _____

If you have listings that need to be transferred, please print out and complete the listing transfer form. Please follow instructions on the form.

Please note that it takes 24-48 hours for you to be updated in the MLS.

Signature of Applicant

Broker Signature: _____ Date: _____



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MLS Listing Transfer Form

To properly transfer a listing from one office to another, this form must be signed by the originating broker, the receiving broker and the seller(s). Please e-mail your completed form to lindy@wpbor.com OR lindsay@wpbor.com at the West Pasco Board of Realtors.

MLS Number: _____ Address: _____

Originating Broker Section:

Office Name: _____ Office ID #: _____

Broker's Name: _____ Office Phone #: _____

Agent Name: _____ Agent ID #: _____

Originating Broker's Signature: _____

Receiving Broker Section:

Office Name: _____ Office ID #: _____

Broker's Name: _____ Office Phone #: _____

Agent Name: _____ Agent ID #: _____

Receiving Broker's Signature: _____

Please note that only Active and Contract Pending Listings will be transferred. Sold Listings must remain with the originating office for statistical purposes.

Seller's Signature: _____ Date: _____

Seller's Signature: _____ Date: _____

Listing Agent's Signature: _____ Date: _____

New Listing Agent's Signature (If Applicable): _____

(Note: Please make sure a new listing agreement is on file with the new company).



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Credit Card Authorization Form

Please Choose One: Checks Master Card Visa AMEX Discover

Total amount of checks or amount to be billed to Credit Card: \$ _____

Credit Card Number: _____

Exp. Date: ____/____ **Security Code:** _____

Name on Credit Card: (exactly as printed on card)

Billing Address for Credit Card:

Signature:

Credit Card Authorization # (For Board Use Only):

Date: _____