

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 For Current West Pasco Board Members Only

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.

NAR ID #			
NAME:			
HOME ADDRESS:			
HOME PHONE #:	EMAIL:		
LICENSE#:			
FIRM NAME		_ FIRM #	
FIRM ADDRESS:			
FIRM PHONE:	_Ext	_ FIRM FAX#:	
PREVIOUS FIRM:			
f you have listings that need to be t ransfer form. Please follow instruc		I, please print out and complete the li e form.	sting
Please note that it takes 24-48 hours f	·	e 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 at the West Pasco Board of Realtors.

MLS Number:	Address:	
Originating Broker Se	ection:	
Office Name:		Office ID #:
Broker's Name:		Office Phone #:
Agent Name:		Agent ID #:
Originating Broker's Signat	ure:	
Receiving Broker Sec	etion:	
Office Name:		Office ID #:
Broker's Name:		Office Phone #:
Agent Name:		Agent ID #:
Receiving Broker's Signatu	re:	
Listings must remain w		ding Listings will be transferred. Solo
_		
		Date:
New Listing Agent's Signatu	ure (If Applicable):	
(Note: Please make sure a n	new listing agreement is on fi	le with the new company).



Credit Card Authorization Form

Please contact the West Pasco Board at 727-848-8507 to be given the current fees.
Please Choose One: ☐ Master Card ☐ Visa ☐ AMEX ☐ Discover
Total 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: