

SONYA ADDISON, Membership Coordinator/MLS Support

3320 Loveland Blvd. Port Charlotte, Florida 33980

Direct Line: 941-258-3041• saddison@pgpcnprealtors.comOffice: 941-629-8261 **Ext. 111 •** Website: www.pgpcnprealtors.com

LISTING TRANSFER REQUEST FORM

This form is intended for LISTING TRANSFER purposes only and is not intended to serve as an assignment of a contract.

PLEASE NOTE: A \$30.00 office transfer fee will apply. This fee includes three (3) listing transfers, if applicable. Any additional listing transfers are \$5.00 per listing. Listings WILL NOT be transferred until transfer fees are PAID IN FULL. Only listings in a current active status may be transferred.

RELEASING BROKER

CURRENT Listing AGENT Name:			Agent NRDS#:		CURRENT Releasing BROKER:		Broker NRDS#:	
Email: Pho				:	☐ As the Releasing BROKER, I agree to ONLY RELEASE: [number of listings].			
Releasing Office Name:					☐ As the Releasing BROKER, I agree to RELEASE the listing detailed below.			
Current Listing Agent Signature:				Date:	RELEASING Broker Signature:			Date:
ACQUIRING BROKER								
Name of ACQUIRING BROKER: Broker NRDS#:					☐ As the Acquiring BROKER, I agree to ONLY ACCEPT: [number of listings].			
Acquiring OFFICE NAME:					☐ As the Acquiring BROKER, I agree to ACCEPT the listing detailed below.			
Acquiring Office NAR Number:					ACQUIRING Broker Signature:			Date:
TRANS MLS# STATUS:					FER LISTINGS Address: Seller(s) Signature			
1							x	
2							x	
3							x	
4							x	
5							x	
Payment Information:					VISA	Transfer	Fee:	\$ 30.00
VISA Wastercard					MASTERCARD			
Name as shown on Credit Card:						additional listing transfers at \$5.00 each		
Credit Card Number:					Exp. Date:	TOTAL	TOTAL DUE:	
Signat	ure:						Date:	