

OFFICE TRANSFER APPLICATION

2021



Please read the application carefully and complete all applicable sections.

Please include the following:

① Application Form

② SAR Application Fee: Application Fee of \$50.00, payable to Summit REALTORS®.

NOTE: If the new Office/Branch is not an Established Office/Branch in the System, please use the New Office/Branch Application Form.

First Name: _____ Last Name: _____

Real Estate License #: _____

Transferring From (Old Office): _____

Transferring To (New Office): _____

Do you have any Active Listings?: Yes No

Note: Any Active Listings **MUST** be withdrawn prior to Office Transfer

Do you have an RETS FEEDS?: Yes No

Effective Date of Transfer: _____

CHANGES:

First Name: _____ Last Name: _____

Cell Phone: _____ Other Phone: _____

Email address: _____

Mailing Address: _____

Town: _____ State: _____ Zip Code: _____

Physical Address: _____

Town: _____ State: _____ Zip Code: _____

Website: _____

Designated REALTOR® Name: _____

Designated REALTOR® Signature: _____ Date: _____

Please Note: Your Designated REALTOR® must be a member in order for Broker Associates/Agents to become members.

DESIGNATED REALTOR®/RESPONSIBLE BROKER: A "Designated REALTOR®" is defined as the sole proprietor, partner, or corporate officer of a real estate or appraisal firm, or an individual exercising management control of such firm.

Please return this application to Mikel Traweek, Membership Director at
Mikel@SARSummit.com or at the Summit REALTORS® Offices.
Welcome and do not hesitate to contact us with any questions.



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★ Office Transfer Application Fee - \$50.00, payable to Summit REALTORS®

Note: Fee must be paid prior to office transfer.

I would like to pay my Office Transfer Fee:

By Check, payable to Summit REALTORS® Check # _____

By Credit Card - Please fill out CC Authorization Form below

Name as it appears on the Credit Card: _____

Company Name: _____

Phone: _____

Credit Card Billing Address: _____

Town: _____ State: _____ Zip Code: _____

Credit Card Type: Amex Discover Master Card Visa

Credit Card #: _____

Expiration Date: _____ Security Code: _____

I authorize Summit REALTORS® to charge my American Express, Discover, Master Card or Visa for the following selected charges:

Office Transfer Fee \$50.00

Signature: _____ Date: _____

{Once Payments are run, this form is destroyed for your protection.}

THANK YOU!

