



AGENT OFFICE TO OFFICE TRANSFER

321 E. Sixth St, Corona, CA 92879 | Ph: 951-735-5121 | Fax: 951-735-0335 | www.tigar.org

First Name: _____ **Last Name:** _____

Previous Office : _____ **Termination Date :** _____

New Office : _____ **Effective Date :** _____

New Office Address : _____

City : _____ **State :** _____ **Zip :** _____

Email : _____ **Cell Phone # :** _____

By signing below, DR or Broker confirms that the appropriate BRE change process has been completed. Transfers and terminations will not be made effective until such verification is completed. In addition the new DR or Broker accepts all responsibility for agent's existing lockbox leases and membership dues.

Designated REALTOR®/ Broker Name : _____

Designated REALTOR®/ Broker Signature : _____ **Date:** _____

Agent Signature : _____ **Date:** _____

Please Submit Transfer Fee

REALTOR® Member: \$25 MLS ONLY Member : \$35

Visa **MasterCard** **American Express** **Discover**

Card # **Exp. Date** **CID**

Name as it appears on credit card: _____

Credit card billing address: _____

City: _____ **State:** _____ **Zip Code:** _____

By signing below, I authorize the above amount to be charged to the credit card listed above. I also understand and agree to the Association's no refund policy on all Dues and MLS fees. Credit card transactions will show NAR REALTOR® E- Commerce on your monthly statement.

Signature: _____ **Date:** _____