

Local Transfer Form

DATE OF TRANSFER _____

TRANSFERRING AGENTS INFORMATION:

NAME _____

HOME/CELL PHONE _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

CURRENT EMAIL:

NEW EMAIL: (IF IT IS CHANGING):

FROM:

COMPANY NAME _____

TO:

COMPANY NAME _____

Abilene Association of Realtors® MLS/Supra Application

Last Name: _____
First Name: _____
Home Address: _____
City _____
State & Zip: _____
Phone Number: _____
Firm Name: _____
Firm Address: _____
Firm City _____
State & Zip: _____
Firm Phone Number: _____

Have you ever been convicted of a felony or misdemeanor? Yes No

Is there any felony or misdemeanor criminal proceeding pending against you? Yes No

If you responded yes to either question, please provide a full explanation.

The Abilene Association of REALTORS® and Multiple Listing Service may terminate or suspend this agreement and refuse to activate or reactivate any key held by the key holder if the key holder is convicted of or charged with felony or misdemeanor involving moral turpitude.

The applicant authorizes the Abilene Association of REALTORS® and/or the Abilene MLS to obtain any DPS records or other criminal history on the applicant. This inquiry may be made at any

This inquiry may be made at any time and will be accomplished on an annual basis. A fee of \$5.00 will be charged for each applicant. An ActiveKEY or an eKEY to the Applicant named herein whom the undersigned certifies is an associate.

By _____ Date _____
(Sponsoring Broker, MLS Participant, Principal, Partner or Corporate Officer)

THIS AGREEMENT SHALL BE IN STRICT COMPLIANCE WITH THE TERMS AND CONDITIONS CONTAINED HEREIN AND WITHIN THE "ACTIVEKEY AND EKEY BASIC SOFTWARE SUB-LEASE/LICENSE AGREEMENT" AND THE PROVISIONS OF SOP 700-2, ARE HEREBY INCORPORATED HEREIN BY THIS REFERENCE AND WHICH LESSEE HEREBY AGREES THAT HE/SHE HAS READ, UNDERSTANDS AND IS BOUND BY SUCH PROVISIONS.

Acceptance of this Lease Agreement is expressly limited to the provisions hereof and constitutes the entire agreement between lessee and the Abilene Association of REALTORS®.

(Applicant) (Date)

Non-refundable Access Fee: \$ 100.00

Approval by the named Abilene Association of REALTORS®/MLS to issue an ActiveKEY or an eKEY to the Applicant named herein:

By _____ Date _____

The information listed below is used if you forget your access information and must phone in for it. For security reasons, we must know it is you calling. If you elect not to provide the confidential information below, then you must appear in person at the Association Office.

Place of Birth (City and State) _____

Birth Date _____

Mother's Maiden Name: _____



626 S. Pioneer Dr.

Abilene, Texas 79605

Phone: (325) 692-9821

AAOR LISTING TRANSFER FORM

FROM: Designated REALTOR® of Firm

Transfer listings from:

Releasing Office Name: _____ MLS Office Code: _____

Releasing Agent Name: _____ Agent License # _____

I agree to release the following listing(s)

MLS#	ADDRESS	STATUS(Active, Pending, etc)
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1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Releasing Broker Signature/Authorized Signature: _____ Date: _____

ABILENE 
ASSOCIATION of REALTORS®

626 S. Pioneer Dr.

Abilene, Texas 79605

Phone: (325) 692-9821

Transfer Listing(s) to:

New Office Name: _____ MLS Office Code: _____

Agent Name: _____ Agent Lic. # _____

Office Address: _____ City _____ State _____ Zip _____

Office Phone: _____ Agent Phone _____

I agree to accept the above listing(s) to:

Receiving Broker Signature/Authorized Signature: _____ Date: _____