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 atany 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:_____

ABILENE ASSOCIATION of REALTORS®

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)
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:_____