



SEDONA VERDE VALLEY ASSOCIATION OF REALTORS®

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LISTING TRANSFER FORM

All information is required. Please transfer the following listing:

MLS NUMBER PROPERTY STREET ADDRESS

CITY, STATE, ZIP

FROM INFORMATION	
_____ TRANSFERRING FROM-OFFICE ID# and OFFICE NAME	_____ TRANSFERRING FROM-LIST AGENT ID# and NAME
_____ *CO-LIST OFFICE ID# and CO-OFFICE NAME	_____ *CO-LIST AGENT ID# and NAME
_____ TRANSFERRING FROM-BROKER'S ID# and NAME	

TO INFORMATION	
_____ TRANSFERRING TO-OFFICE ID# and OFFICE NAME	_____ TRANSFERRING TO-AGENT ID# and NAME
_____ *CO-OFFICE ID# and CO-OFFICE NAME	_____ *CO-AGENT ID# and NAME
_____ TRANSFERRING TO-BROKER'S ID# and NAME	

Seller's Signature Date

*Co-Seller's Signature Date

(FROM) Listing Broker's Signature Date

(TO) Listing Broker's Signature Date

Listing Agent's Signature Date

*Must be completed if applicable