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## Listing Transfer Request

MLS # _____	Address _____	MLS # _____	Address _____
Seller Signature _____	Seller Signature _____	Seller Signature _____	Seller Signature _____
MLS # _____	Address _____	MLS # _____	Address _____
Seller Signature _____	Seller Signature _____	Seller Signature _____	Seller Signature _____
MLS # _____	Address _____	MLS # _____	Address _____
Seller Signature _____	Seller Signature _____	Seller Signature _____	Seller Signature _____

**By signing this form all parties agree and give permission to Orlando Regional REALTOR<sup>®</sup> Association to transfer said listings. (It may take up to 48 business hours from time of receipt to complete this request.)**

Original Agent Name _____	Agent ID _____	
Original Listing Office _____	Office ID _____	
Original Broker's MLS # _____	Printed Name _____	Signature _____
New Agent Name _____	Agent ID _____	
New Listing Office _____	Office ID _____	
New Broker's MLS # _____	Printed Name _____	Signature _____

**Transfer fee: \$5.00 per listing**

<b>Payment</b>	<input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> Discover
	Account #: _____ Exp. date: _____
	Cardholder's name: _____
	Cardholder's signature: _____