

Association: Gainesville-Alachua County Association of Realtors

UNLICENSED ASSISTANT/ Transfer Form

EMPLOYER INFORMATION: Employer Name: NAR#: Employer Address: Street/P. O Box/Apt. City State Zip Employer Phone: _____ Fax#: E-Mail: Web: ASSISTANT/USER INFORMATION (check one) Personal Assistant (access to only one agent's listings) Office Assistant (access to all listings owned by this office) Company Assistant (access to all listings owned by this office and any branch offices) Assistant Name: Agent or office assistant is assigned to: Office Phone: _____ Fax: _____ Home Address: _ City State Zip Street/P. O Box/Apt. (Required to verify against DBPR records) E-Mail: **SIGNATURES** Broker Signature Date / / Assistant Signature _____ Date __/__/

Please include your \$50.00 Transfer fee payable to the Gainesville-Alachua County Association of Realtors



VISA

MC

AMEX

CREDIT CARD AUTHORIZATION FORM

AMOUNT

\$50.00

GAINESVILLE-ALACHUA COUNTY ASSOCIATION OF REALTORS GAINESVILLE MLS (352) 332-8850 FAX (352) 331-7911

STELLAR MLS

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I AUTHORIZE THE GAIN	ESVILLE	-ALACHU	A COUNTY	ASSOCIAT	ION OF
REATORS / GAINESVILL	E MLS TO	O CHARGI	E MY CRED	IT CARD A	CCOUNT
IN THE AMOUNT OF \$	FOR	THE PUR	POSE(S) IN	DICATED A	ROVE
CREDIT CARD #					
NAME ON CARD					
BILLING ADDRESS FOR	CREDIT (CARD ACC	COUNT		
			711	•	
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Email:					
SIGNATURE			DA	TE /	1