

Please include this form with the REALTOR® Member Change Form only if you have active listings that are being transferred. This form must be signed by all parties and returned to:

Scottsdale Area Association of REALTORS® 8600 E Anderson Dr. Suite 200, Scottsdale, AZ 85255 Fax: 480-422-7945 E-mail: Info@ScottsdaleREALTORS.org

Authorization to Transfer Listing

PROPERTY ADDRESS:		
SELLER(S):		
MLS #:	LISTING AGENT:	
We the undersigned Broker(s) and Se SELL AGREEMENT on the above me	eller(s) do hereby mutually agree to withdraw the EXCLUSIVE AUTHORIZATION TO ntioned property from:	
NAME OF COMPANY: _ BROKER CODE:	OFFICE TELEPHONE:	
and SIMULTANEOUSLY agree	to re-list the above mentioned property with:	
NAME OF COMPANY: _ BROKER CODE: LISTING AGENT:	OFFICE TELEPHONE:	
	date, and all terms and conditions of the original listing agreement shall rem	ain
<u>ACKNOWLEDGED BY:</u>		
Seller	Date	
Seller	Date	
Original Listing Broker	Date	
New Listing Broker	Date	
Listina Agent		