

WARDEX Listing Transfer Authorization

Listing # _____ APN# _____

Address: _____

From:

Listing office: _____

Listing Broker: _____

To:

Local association: _____

Listing office: _____

Listing Broker: _____

Listing agent/user ID: _____

I authorize the transfer of the above listing's data information excluding photos.

Original listing Broker's printed name & signature Date

New listing Broker's printed name & signature Date

Photos: Check one line only if photos are to be transferred.

_____ I give permission for the transfer and use of my photos by the new listing agent.
_____ Transfer listing photos. I am changing offices and I am the owner of the photos.

Photo owner's printed name & signature Date

This form is to be submitted to your local association

Fax: Bullhead City (928) 758-8584
Kingman (928) 692-3224
Lake Havasu City (928) 855-5255