



361 2nd Street NW
Hickory, NC 28601

Phone: 828.322.8249
Fax: 828.327.6353

MLS TRANSFER / DELETE REQUEST

THIS FORM MUST BE PROPERLY EXECUTED AND SIGNED BY THE TRANSFEREE, THE MLS PARTICIPANT OF THE FIRM YOU ARE LEAVING AND THE MLS PARTICIPANT OF THE FIRM YOU ARE TRANSFERRING TO.

ALSO, STATUS CHANGE MUST BE COMPLETED AT NC REAL ESTATE COMMISSION WITH NEW FIRM CHANGES MADE.

IN ORDER TO KEEP YOUR SUBSCRIPTION CURRENT, PLEASE EXECUTE PROMPTLY AND SUBMIT TO THE MLS OFFICE

AGENT NAME: _____
LAST FIRST MI NC LICENSE #

OFFICE NAME: _____

SECTION I: TRANSFERRING SERVICE (MUST HAVE MLS PARTICIPANT SIGNATURES TO PROCESS)

PREVIOUS FIRM AFFILIATION: _____

I, THE MLS PARTICIPANT, ALLOW ABOVE NAME AGENT TO TRANSFER SUBSCRIPTION.

MLS PARTICIPANT NAME: _____

MLS PARTICIPANT SIGNATURE: _____ DATE: _____

TO TRANSFER LISTINGS, PLEASE CONTACT CMLS AT 828.239.299 OR EMAIL SUPPORT@CAROLINAHOME.COM.

NEW FIRM AFFILIATION: _____ DATE OF TRANSFER: _____

OFFICE PHONE: _____ AGENT CELL PHONE: _____

AGENT EMAIL: _____ NEW EMAIL: YES NO

AGENT WEBSITE: _____ NEW WEBSITE: YES NO

SIGNATURE OF TRANSFERRING AGENT: _____ DATE: _____

I, THE MLS PARTICIPANT, REQUEST MLSCV SERVICES FOR THE TRANSFERRING INDIVIDUAL NAMED ABOVE.

MLS PARTICIPANT NAME: _____

MLS PARTICIPANT SIGNATURE: _____ DATE: _____

SECTION II: DELETE SERVICE

SERVICE CAN ONLY BE DELETED (1) TIME PER MONTH ON THE WEDNESDAY PRIOR TO THE FINAL FRIDAY IN THE SAME MONTH

I, THE MLS PARTICIPANT, ALLOW ABOVE NAME AGENT TO DELETE MLS SUBSCRIPTION.

MLS PARTICIPANT NAME: _____ OFFICE NAME: _____

MLS PARTICIPANT SIGNATURE: _____ DATE: _____

AGENT DOES NOT WANT TO CONTINUE MLSCV MEMBERSHIP AGENT IS NO LONGER AFFILIATED WITH THIS OFFICE

DELETE ASSUME IDENTITY: YES NO IF YES, AGENT NAME: _____ DEACTIVATION DATE: _____

For Office Use Only

DATE RECEIVED: _____ DATE TRANSFERRED / DELETED: _____

EMAIL VERIFICATION SENT: _____