PROPERTY OUTLET
Real Estate And Property Investment

"Real Estate Like Never Before"

Dear Agent,

I would like to thank you for your interest to join Property Outlet International. As the principal broker and president of the company I would like to welcome you to our family. Property Outlet was founded back in 1999 and operates in Puerto Rico for six years, when my wife and I decide to move here to Orlando Florida looking for a better and brighter future. In December 2008 a group of Realtors that I must call them today friends and family, help me to revive that dream but in a bigger and bolder way. In January 2009 Property Outlet International was reborn passionately committed to serve the real estate industry and recruit the best Realtors in Central Florida, committed to become one of the largest real estate corporations in Florida but with the same principles and values that always drive Property Outlet, Integrity, strong relationships, outstanding credibility, and good reputation among others. As a Principal Broker I am very committed with your personal success because, our Realtors success, it's the key for our success as a company.

Attached you will find our Associates Package for your convenience. Please review complete and sign all the documents listed bellow and fax it back to the office with a copy of your **real estate license, drivers license** and a picture of you for our roster in the webpage and future marketing campaigns.

- □ Drivers License (Copy)
- □ RE-10
- □ Associate Profile
- □Picture in JPG or PNG
- □ Sales associate or Brokers License (Copy)
- □ POInt. Independents contractor agreement
- □ W-9
- □ Credit Card Authorization Form

After you read and sign the documents all documents above please email it to propertyoutlet1@gmail.com or fax it over to 877-406-1216

If you need to contact me please do not hesitate to call me 407-802-3221. I would like to welcome you to your new real estate family, Property Outlet International "Real Estate like Never Before".

Cordially,

Jose M. Ortiz
Property Outlet International
Lic. Real Estate Broker

INDEPENDENT CONTRACTOR AGREEMENT

Property Outlet International LLC (" **Broker**") is licensed as a real estate **Broker** in the State of Florida and performs acts designated within Chapter 475, *Florida Statutes,* enjoys goodwill and a reputation for dealing with the public, and maintains an office for the purpose of serving the public as a real estate **Broker**.

____ (**Associate**) is licensed as a ☐ **Sales Associate** (License number SL ____________________________) ☐ **Broker Associate** (License number BK ________________________) in the State of Florida and is properly qualified to deal with the public as such.

Effective the ___ day of ___________________, _____ ("effective date"), **Broker** and **Associate** agree to associate pursuant to the following terms and conditions.

1) **Employment Status. Broker** retains **Associate** as an independent contractor to assist **Broker** in the performance of real estate-related activities. With respect to the clients and customers for whom service is performed within the scope of this Agreement, **Associate** will be construed to be an agent of **Broker**; otherwise, **Associate** will not be deemed a servant, employee, joint venture or partner of **Broker** for any purpose. **Associate** will not be treated as an employee for Federal tax purposes with respect to the services performed for **Broker** under this Agreement. **Associate** is responsible for paying his/her own estimated income tax payments, self-employment taxes, occupational taxes and other taxes, if any, to the appropriate governmental entities. **Broker** will not withhold any taxes from compensation due to **Associate**, nor will **Broker** provide worker's compensation insurance for **Associate**.

2) **Associate Responsibilities.**

   A) **Associate** will use his/ her best efforts to procure real estate-related business for **Broker** and will conduct his/her business in a reputable manner and in conformance with all laws, rules, regulations and codes of ethics that are binding upon or applicable to real estate licensees, and with **Broker**'s office policy manual.

   B) **Compliance. Associate** recognizes and acknowledges the obligation to keep abreast of all legal and other issues that affect the real estate industry as they may change from time to time. **Associate** will not commit any act that violates Florida real estate license law.

      1) **Fair Housing. Broker** and **Broker**'s company support and practice Fair Housing principles. **Associate** has been advised that failure to comply with Fair Housing principles will result in appropriate disciplinary action and possible termination of this Agreement. **Associate** warrants and represents that it is **Associate**'s intent to attend Fair Housing instructional programs, keep current on developments in Fair Housing as it affects real estate marketing and sales, and comply with the Fair Housing laws and regulations. **Associate** understands this acknowledgment, warranty and representation and agrees to it voluntarily.

      2) **Office Policy Manual. Broker** maintains an office policy manual. **Associate** has received a copy, and agrees to comply with the manual and such modifications, addenda and changes as may be incorporated therein from time to time.

   C) **License Renewal; Continuing Education; Dues. Associate** will be responsible for timely renewing **Associate**'s real estate license and for completing all legally required continuing education in a timely manner and maintaining the records that evidence such completion as required by the Florida Real Estate Commission. **Associate** will be responsible for paying all license fees, membership dues and fines.

D) **Broker Supervision**. **Associate** will be deemed to be working under **Broker**'s supervision only to the extent required by Chapter 475, *Florida Statutes*. **Associate** will perform all activities, including those activities **Broker** requires **Associate** to

E) perform, independently without **Broker**'s supervision or control.

F) **Broker Property.** **Associate** acknowledges that all pending sales and listings taken during the term of this Agreement are **Broker**'s property. All programs, forms, data, keys, manuals, signs and other paraphernalia relative to the business of **Broker** are **Broker**'s property, as are all documents and other items pertaining to transactions.

G) **Property of Others**. In accordance with Florida law, **Associate** will deliver to **Broker** by the end of the next business day following receipt any funds or other items that a consumer has entrusted to **Associate** in connection with a real estate transaction.

H) **Additional fees and charges.** **Associate** will be responsible to collect any monies, fees or charges to the party represented by Property Outlet International LLC. . If the associate fails to collect monies, fees or charges related with a real estate transaction to the party represented by Property Outlet International LLC. . the associate will be responsible to pay for that amount. If the client refuses to pay the fees charged by Property Outlet International LLC. . as part of the service, then the agent must provide written notice to the office and the **Broker**'s sole discretion will decide if the associate needs to pay for those fees.

I) **Responsibility.** **Broker** will not be liable to **Associate** for any expenses incurred by **Associate** nor for any of **Associate**'s acts. **Associate** will have no authority to bind **Broker** by any promise or representation, oral or otherwise, unless specifically authorized in writing in a particular transaction. Suits, whether for fees or otherwise, against clients, customers and others in the real estate business will be maintained only in **Broker**'s name. **Associate** is responsible for providing all tools necessary to perform the duties outlined. **Associate** will also be responsible for providing **Associate**'s own automobile and is responsible for transportation expenses including insurance in the minimum coverage amount of $100,000/ $300,000 liability and property damage insurance policy, naming **Broker** Firm as a co-insured, covering all vehicles used to transport third parties or to show and inspect properties and shall furnish a copy of to **Broker** upon request. **Broker** will be named as an additional insured in all such policy.

J) **Indemnification. Associate** will indemnify and hold **Broker,** its officers, directors and employees harmless from all claims, demands, suits, costs and expenses, including reasonable attorneys' fees at all levels, of whatever nature and description to the extent based on **Associate's** representations; acts; omissions; negligence; willful misconduct; or violation of laws, rules, regulations, codes of ethics, this Agreement or office policy manual.

3) **Broker Responsibilities.**

A) **Access to Listings.** **Broker** will provide **Associate** with access to all current listings of **Broker** and listings made available to **Broker** through offers of cooperation, except those listings that **Broker,** in his/her/its discretion places exclusively in the possession of another **Associate**.

B) **Access to Facilities.** **Associate** may utilize **Broker's** then existing office facilities for the performance of **Associate's** duties as described above. The office shall be use only for real estate-related purpose. The office will be open from Monday to Saturday from 9:00 AM to 5:00PM however if the **Associate** need to stay in the office after hours the **Associate** should agree to sign an addendum to this contract to obtain office keys, closing procedure, and additional instructions. **Broker** can change or this policy at any time or change the locks at **Broker**'s sole discretion.

4) **Compensation Plan (Our Formula).**

A) **Transaction Fee -** A transaction fee of $499.00 (Four hundred and ninety nine) will be charge in residential transactions.

1) Errors and Omission Insurance (E&O) is included as part of transaction fees in residential transactions only.
2) If the **Associate** is working with buyer and seller that transaction will be considered two transactions.
3) If the commission amount per transaction is less than $1,650.00 (one thousand six hundred and fifty dollars) then

transaction fee cease to exist and Broker will Split the commission 70/30 Associate/Broker.

4) In consideration of the foregoing, Associate will pay the Broker $50.00 (Fifty dollars) monthly due and until the Associate refers three new Associates to Property Outlet International LLC. . (When you become Crew Leader) payable in advance on the first day of each month. (Unless waived by the Broker Associate will provide to Broker a valid credit or debit card number and a pre-authorization to charge the credit card for the amount of monthly dues and any other incurred expenses.)
5) Crew Leaders are exempt of office fee for as long as the Associate continue active with Property Outlet International LLC. . If the Associate decides not to continue active with POInt for over 30 days, the associate will lose all rights and benefits of the POInt. Income Multiplier.

B) **Flat Fee MLS –** Flat fee MLS is a service you can offer to your client as an alternative to a full service listing and this services. They will pay you up front to help them market the property in the Multiple Listing Service. Flat fee plans have three different levels of representation and it will depend on the level of involvement you will have. The client will reserve the right to sell as a For Sale By Owner.
   1) Basic MLS – The Associate will receive $250.00 (Two hundred and fifty dollars) for every flat fee MLS basic sold.
   2) Plus MLS - The Associate will receive $500.00 (Five hundred and dollars) for every flat fee MLS Plus sold.
   3) Premier MLS - The Associate will receive $650.00 (Six hundred and fifty dollars) for every flat fee MLS Premier sold.

C) **POInt. Income Multiplier -** Is the Sponsorship Program of Property Outlet International LLC. . The **Associate** will earn a residual Income for every residential transaction closed by the **Associate Network of Realtors** every month and for as long as the **Associate** continue active with Property Outlet International LLC. . On 10^{th} of each month the **Associate** will receive a check for all the referral income produced in the previous month by their Network of Realtors. The Associate will earn accordingly with the levels describe below.
   1) **Level # 1** – $120.00 (One hundred and twenty dollars) you can Refer Unlimited amounts of Associates.
   2) **Level # 2** - $60.00 (Sixty Dollars)
   3) **Level # 3** - $30.00 (Thirty Dollars)
   4) **Level # 4** - $15.00 (Fifteen Dollars)

D) **Dividing Compensation with Other Licensees.** If two or more **Associates** participate in rendering a Brokerage service to the public, or claim to have done so, this agreement must be in writing to be enforceable. If the associates disagree in the terms of the agreement, **Broker** will determine, in **Broker's** sole and absolute discretion, the amount of the fee due **Associate. Same Rule apply with TEAM's, agreement must be in writing to be enforceable.**

E) **Incentives.** If a seller or listing office offers a premium, bonus or other incentive, if such premium, incentive or bonus is in the form of money, then the **Broker** and the **Associate** will split 80/20 **Associate/Broker** If such incentive is other than money (Le., a cruise, trip, or other matter having economic value but not delivered in money), then such premium, bonus or incentive will go to the **Associate.** If a nonmonetary incentive goes to **Associate**.

F) **Benefits. Associate** will be provided no minimum salary, vacation pay, sick leave or any other fringe benefit.

G) **Collection of Fees. Broker** will not be required to prosecute or sue any party in order to collect any fee for services performed by **Associate.** However, if **Broker** incurs attorney's fees and costs in the collection of or attempt to collect a fee, such amounts will be deducted from **Associate's** commission in the same proportion as provided for herein in the division of the fee.

H) **Compensation After Termination of Agreement.** After termination of this Agreement, **Broker** will pay **Associate** any amount earned prior to termination less amounts owed to **Broker** and amounts **Broker** must pay another licensee to complete pending transactions for which **Associate** was responsible prior to termination.

I) **Errors and Omissions Insurance. Broker** maintains Errors & Omission insurance which coverage includes **Associate.** E&O Insurance shall be chosen at Broker Discretion. The Associate understand that he/she is responsible for the payment of the deductible amount of $2,500.00 (Two thousand five hundred dollars) upon request for each E&O Claim.

5) **Term; Termination.** This Agreement will be in effect for 1 year(s) from the effective date. Either party may terminate this Agreement by 10 days' advance written notice to the other party. **Broker** may terminate this Agreement without notice for wrongful conduct by **Associate.** Failure by either party to maintain active licensure status pursuant to Chapter 475, *Florida Statutes,* will be deemed automatic termination. **Associate** will not, after termination of this Agreement, use to his/her own advantage, or to the advantage of any other person or entity, any information gained from the business of the **Broker** relating to property for sale, lease or rental, or **Broker's** customers or clients. Upon termination of this Agreement, **Associate** will return all **Broker's** property to **Broker** with no copies made or retained by **Associate.**

6) **Confidentiality. Associate** acknowledges that **Broker** may disclose confidential information to **Associate** during the course of this Agreement. Any such information that is or should be reasonably understood to be confidential or proprietary to **Broker,** including mailing lists, customer and client lists, sales, costs, unpublished financial information, product and business plans, projections, marketing data, computer data, computer programs and supporting documentation, and **Broker's** office policy manual, if any, are considered confidential property of **Broker. Associate** will take reasonable steps and use due care during the term of this Agreement and for 6 months after its termination to prevent the duplication or disclosure of confidential information, other than by or to **Broker's** employees or agents who must have access to the information to perform their duties for **Broker.**

7) **Dispute Resolution:** This Agreement will be construed under Florida law. All disputes between **Associate** and another **Associate** in **Broker's** firm will be resolved by **Broker.** All disputes between **Broker** and **Associate** will be mediated under the rules of the **American Arbitration Association** or other mediator agreed upon by the parties. The parties will equally divide the mediation fee, if any. In any litigation between **Broker** and **Associate,** the prevailing party will be entitled to recover reasonable attorneys' fees and costs at all levels, unless the following box is checked: **0 Arbitration:** Any dispute not resolved by mediation will be settled by neutral binding arbitration in accordance with the rules of the American Arbitration Association or other arbitrator agreed upon by the parties. Each party to any arbitration or litigation including appeals and interpleaders) will pay its own fees, costs and expenses, including attorneys' fees at all levels, and will equally split the arbitrators' fees and administrative fees of arbitration.

The undersigned agrees to the terms and conditions set forth above and acknowledge receipt of a copy hereof.

Broker: Jose M. Ortiz - **Broker**

Signature___________________________________ Date_________________________

Contractor (Agent): ________________________________ Signature:_________________________________ Date ________________
Print name

Contractor's Information:

Social Security Number _________-______-____________ Date of Birth _______-_______-_______

Address____ City ________________ State_____ Zip Code _____________

E-mail Address______________________________ Phone #_____________________ Mobile # _________________________

Real Estate License # __________________________ Expiration Date ______________________________

PROPERTY OUTLET
Real Estate And Property Investment

Associate Profile

New Associate Information

Title Mr. ____ Mrs. ____ Ms. ____ POInt. Roster Code ________

First Name ________ Last Name ________ ☐ Broker Associate

Date Of Birth (m) (d) (y) ________ SSN/SIN# ________ ☐ Sales Associate

Address (1) ________ ☐ Management Team

Address (2) ________ ☐ Other ________

City ________ Year Licensed ________

State ________ Zip code ________ Home Telephone ________

Mailing Address(If different) ________ Mobile Telephone ________

Mailing Address(2) ________ Other Telephone ________

City ________ E-mail Address ________

State ________ Zip code ________ Drivers License ________

Previous Brokerage firm ________ Other than English, what other language you speak? ________

OFFICE INFORMATION

POInt Office Branch ________ Branch Code ________

BENEFICIARY INFORMATION

First Name ________ Last Name ________ Relationship ________

Date Of Birth (m) (d) (y) ________ SSN/SIN# ________ DOB ________

Address (1) ________ Home Telephone ________

Address (2) ________ Mobile Telephone ________

City ________ Other Telephone ________

State ________ Zip code ________ E-mail Address ________

Only one beneficiary is permitted

SPONSOR INFORMATION

Sponsor ID Code ________ POInt. Office Branch ________

Full Name ________ Branch Code ________

I, ____, acknowledge ____

(Name of the Associate) **(Name Of the Sponsor)**

to be my sponsor into Property Outlet International LLC. And POInt. Income Multiplier

Dated at _______________________________this ___________day of ______________________________,20____.

________________________ ________________________

Associate Signature Sponsor Signature

☐ Approved ☐ Not Approved **Broker or Authorized representative** ________________________

State of Florida
Department of Business and Professional Regulation
Florida Real Estate Commission
Sales Associate/Broker Sales Associate (SL/BL) Transactions
Form # DBPR RE 10

Check the box for the relevant transaction in Section I and complete the appropriate additional section(s) only. Leave the sections that are not relevant to your desired transaction blank. If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.

For instructions, fees, and additional information, see Section XI, pp. 6-7, of this application.

Section I – Transaction Types

CHECK ONLY ONE OF THE APPLICATION TYPES
(Use multiple forms if more than one transaction is applicable)

- ❑ **Become Active – Sales Associate or Broker Sales Associate** (Complete Section II) [2501/3020]
- ❑ **Become Inactive – Sales Associate or Broker Sales Associate** (Complete Section III) [2501/4020]
- ❑ **Change of Broker/Employer for Sales Associate or Broker Sales Associate** (Complete Section IV) (*Note: This transaction deactivates one's employment status with the previous broker/employer and activates employment status with the new broker/employer*) [2501/9007]
- ❑ **Add/Remove PA, LLC, PL, or PLLC – Sales Associate or Broker Sales Associate – Fee $30.00** (Complete Section V) (*F.S. 475.161*) *(Note: See Instructions for information on requirements in addition to this form)* [2501/3090-Add, 4090-Remove]
- ❑ **Revert Broker License to Real Estate Sales Associate License – Fee $85.00** (Complete Section VI) [2501/4050(Active), 4060 (Inactive)]
- ❑ **Become Active with an Owner/Developer - Sales Associate or Broker Sales Associate** (Complete Section VII) [2501/3020]
- ❑ **Sales Associate or Broker Sales Associate Name Change – Fee $25.00** (Complete Section VIII) [2501/8001]
- ❑ **Sales Associate or Broker Sales Associate Address Change** (Complete Section IX) [2501/9006]
  - ❑ Change Physical Address ❑ Change Mailing Address
- ❑ **Sales Associate or Broker Sales Associate Address Change with Issuance of Updated License – Fee $25.00** (Complete Sections IX and X) [2501/8001]
  - ❑ Change Physical Address ❑ Change Mailing Address
- ❑ **Request Duplicate License – Fee $25.00** (Complete Section X) [2501/8001]

Section II – Become Active – Sales Associate (SL) or Broker Sales Associate (BL)

Last/Surname (SL or BL)	First	Middle	Suffix
License # (SL or BL):			
Broker's name (if sole proprietor):			
Broker license # (if sole proprietor):			
Name of real estate company (if not sole proprietor):			
Real estate company's license # (if not sole proprietor):			
Signature (SL or BL):			
Signature of qualifying broker of company:			

Section III – Become Inactive – Sales Associate (SL) or Broker Sales Associate (BL)

Last/Surname (SL or BL)	First	Middle	Suffix
License # (SL or BL):			
Name of real estate company or owner/developer SL or BL wishes to become inactive from:			
Signature (SL or BL):			

Section IV – Change of Broker/Employer for Sales Associate (SL) or Broker Sales Associate (BL)

Last/Surname (SL or BL)	First	Middle	Suffix
License # (SL or BL):			
Broker's Name (New Broker/Employer) (If sole proprietor):			
License # of new Broker/Employer (If sole proprietor):			
Name of real estate company SL or BL is joining (If not sole proprietor):			
License # of real estate company SL or BL is joining (If not sole proprietor) :			
Signature (SL or BL):			
Signature of new qualifying broker:			

Section V – Add/Remove PA, LLC, PL, or PLLC – Sales Associate (SL) or Broker Sales Associate (BL)

Last/Surname (SL or BL)	First	Middle	Suffix
License # (SL or BL):			
Add or Remove PA, LLC, PL, or PLLC? ❑ Add ❑ Remove			
Adding or Removing PA, LLC, PL, or PLLC? ❑ PA ❑ LLC ❑ PL ❑ PLLC			
Signature of applicant (SL or BL):			

Section VI – Revert Broker (BK) License to Real Estate Sales Associate License (SL)

Last/Surname	First	Middle	Suffix
License number:			

THE UNDERSIGNED DOES HEREBY REQUEST AND CONSENTS TO THE FORFEITURE OF THE REAL ESTATE BROKER LICENSE WITH THE UNDERSTANDING THAT HIS OR HER LICENSE STATUS WILL HEREAFTER BE THAT OF ACTIVE OR INACTIVE REAL ESTATE SALES ASSOCIATE.

I understand that signing this document will terminate my broker status with the Division of Real Estate of the Department of Business and Professional Regulation. Such Status shall not be reinstated except upon my compliance with all applicable laws of the State of Florida pertaining to initial application for licensure as a real estate broker.

Signature:	Date signed:

NOTES:

1. **IF THE REVERTER WISHES TO BECOME ACTIVE AS A SALES ASSOCIATE IMMEDIATELY, IN ADDITION TO PROPERLY COMPLETING THIS TRANSACTION HERE, HE OR SHE MUST ALSO PROPERLY COMPLETE DEPARTMENT FORM # DBPR RE 10, "BECOME ACTIVE – SALES ASSOCIATE OR BROKER SALES ASSOCIATE" (SECTION II OF THIS FORM), OFFER PROOF OF COMPLETION OF THE 14-HOUR CONTINUING EDUCATION COURSE FOR REAL ESTATE SALES ASSOCIATES, AND REMITTHE REQUIRED $85 FEE.**
2. Section XI (5) for instructions, requirements, and additional information.
3. This request cannot be filed until after the expiration of the broker license.

Section VII – Become Active with an Owner/Developer – Sales Associate (SL) or Broker Sales Associate (BL)

Last/Surname (SL or BL)	First	Middle	Suffix
License # of (SL or BL):			
Last/Surname (Owner/Developer)	First	Middle	Suffix
Owner/Developer pseudo # (if previously established with DBPR):			
Signature (SL or BL):			
BUSINESS LOCATION ADDRESS *(Owner/Developer)*			
Street Address			
City	State	Zip Code (+ 4 Optional)	
County (if Florida address)	Country		

Section VIII – Sales Associate or Broker Sales Associate Name Change

LICENSEE INFORMATION **This transaction is used when the current SL or BL licensee has a name change (e.g. through a legal name change, marriage, divorce, etc.) and must update his/her license information. This is not to transfer an SL or BL license; SL or BL licenses are non-transferable.**
License Number (SL or BL)
Licensee name (previous)
Licensee name (new)
Signature (SL or BL)

Section IX – Sales Associate or Broker Sales Associate Address Change

LICENSEE INFORMATION		
Licensee name	License Number	
Signature (SL or BL)		
NEW PHYSICAL ADDRESS		
Street Address		
City	State	Zip Code (+ 4 Optional)
County	Country	
NEW MAILING ADDRESS		
Street Address		
City	State	Zip Code (+ 4 Optional)
County	Country	

Section X – Request Duplicate License

LICENSEE INFORMATION
License Number (SL or BL)
Licensee name (SL or BL)
By signing below – I hereby certify that I need a replacement license issued by the Department of Business and Professional Regulation because (check one): my current license was ☐ lost ☐ destroyed, or based on ☐ name change or ☐ address change, and that my request for a duplicate license is for a legitimate business purpose. _____________________________ __________ Signature of SL or BL Date

TRANSACTION CHECKLIST - IMPORTANT - Submit all items on the checklist below with your form to ensure faster processing.

TRANSACTION	*TRANSACTION REQUIREMENTS*
Become Active	☐ Complete this form.
Become Inactive	☐ Complete this form.
Change of Broker/Employer	☐ Complete this form.
Add/Remove PA, LLC, PL, or PLLC	☐ Complete this form. ☐ Submit the $30 fee. Make check payable to DBPR.
Revert From Status as a Broker to Real Estate Sales Associate Status	☐ Complete this form. ☐ Submit the $85 fee. Make check payable to DBPR.
Become Active with an Owner/Developer	☐ Complete this form.
Name Change	☐ Complete this form. ☐ Submit the $25 fee. Make check payable to DBPR. ☐ Submit supporting legal documentation of name change (e.g. court documents showing name change, marriage license, divorce decree, etc.)
Address Change	☐ Complete this form.
Address Change with Issuance of Updated License	☐ Complete this form. ☐ Submit the $25 fee. Make check payable to DBPR.
Request Duplicate License	☐ Complete this form. ☐ Submit the $25 fee. Make check payable to DBPR.

Please mail your completed form, documentation and required fee(s) to:

Department of Business and Professional Regulation
1940 North Monroe Street
Tallahassee, FL 32399-0783

Section XI – Instructions and Additional Information

If you have any questions or need assistance in completing this form, please contact the Department of Business and Professional Regulation, Customer Contact Center, at ***850.487.1395.***

1. **Become Active – Sales Associate (SL) or Broker Sales Associate (BL)**
   a. *Information*:
      i. This transaction allows a sales associate or broker sales associate to activate his or her license with a real estate company, whether it is a sole proprietorship or other type of business association.
      ii. The issuance of a license is separate and distinct from the activation of a license.
      iii. After the Department of Business and Professional Regulation (DBPR) issues a license, a sales associate or broker sales associate may not operate as same until the status of the license is updated to active with DBPR.
      iv. Activation is possible only after the applicant (sales associate or broker sales associate) has the proper relationship with a qualified broker.
      v. A sales associate or broker sales associate can activate his or her license after he or she has intentionally deactivated it in the past (See 2, below).
2. **Become Inactive – Sales Associate (SL) or Broker Sales Associate (BL)**
   a. *Information:*
      i. This transaction deactivates a sales associate's or broker sales associate's status as operational under the license of a particular qualifying broker or owner/developer.
      ii. A sales associate or broker sales associate who wishes to become inactive, but not seek immediate activation of his or her status with another qualifying broker should seek to complete this transaction.
      iii. A sales associate or broker sales associate seeking to move his or her active status to another qualifying broker for immediate employment should seek to complete the transaction on this form entitled "Change of Broker/Employer for Sales Associate or Broker Sales Associate," (See 3, below).
      iv. A sales associate seeking to become active with an owner/developer immediately should complete the transaction on this form entitled "Become Active with an Owner/Developer - Sales Associate (SL) or Broker Sales Associate (BL)".
3. **Change of Broker/Employer for Sales Associate (SL) or Broker Sales Associate (BL)**
   a. *Information:*
      i. This transaction deactivates a sales associate's or broker sales associate's status with one qualifying broker and activates his or her status with another qualifying broker.
      ii. The result of this transaction is that there is no break in active status.
      iii. Sales associates or broker sales associates seeking to transfer employment to another real estate company (qualifying broker) for immediate employment should seek to complete this transaction.
      iv. Successful completion of this transaction will result the same as successful deactivation followed by successful activation under a new qualifying broker.
4. **Add/Remove PA, LLC, PL, or PLLC – Sales Associate (SL) or Broker Sales Associate (BL)**
   a. *Information:*
      i. The commission shall license a broker associate or sales associate as an individual or, upon the licensee providing the commission with authorization from the Department of State, as a professional corporation, limited liability company, or professional limited liability company. A license shall be issued in the licensee's legal name only and, when appropriate, shall include the entity designation. [F.S. 475.161]
      ii. Once this transaction is properly completed, DBPR will print a new license and mail it to the applicant.
      iii. For more information see Florida Real Estate Commission FAQs.

5. Revert Broker License (BK) to Real Estate Sales Associate License (SL)

a. *Information:*

i. [Florida Statutes, Section 475.17 (4) (c): *The license of any broker who does not complete the post-licensure education requirement prior to the first renewal following initial licensure shall be considered null and void. If the licensee wishes to operate as a sales associate, she or he may be issued a sales associate's license after providing proof that she or he has satisfactorily completed the 14-hour continuing education course within the 6 months following expiration of her or his broker's license. To operate as a broker, the licensee must re-qualify by satisfactorily completing the broker's pre-licensure course and passing the state examination for licensure as a broker.*]

ii. This transaction is principally designed to facilitate the reversion of an individual's status as a broker as a result of failure to complete the 60-hour broker post-licensure course prior to the first renewal following licensure as a broker.

iii. The reversion process also requires that the licensee:

1. Complete the 14-hour continuing education requirement.

a. See http://www.myflorida.com/dbpr/servop/testing/CE.html for details.

2. Ensure that the Department has received proof of completion of the 14-hour continuing education requirement.

a. *(Note: The schools transmit course completion results electronically to the Department. However, the applicant can inquire by calling the Department's Customer Contact Center at 850.487.1395.)*

3. Submit the $85 fee with this form. Make check payable to DBPR

b. *To simultaneously become active as a sales associate:*

i. **In order to become active as a sales associate, in addition to properly completing this transaction on this form, the applicant must:**

1. Submit an additional copy of this form, and he/she must check the box entitled "Become Active – Sales Associate or Broker Sales Associate" in Section I of this form, and fill out Section II as instructed for that transaction.

a. *(Note: This must be done in order to activate the applicant's license with a particular qualifying broker.)*

6. Become Active with an Owner/Developer - Sales Associate (SL) or Broker Sales Associate (BL)

a. Information:

i. This transaction is designed to allow the sales associate or broker sales associate to inform the Department of his or her intention to operate as a sales associate or broker sales associate with an owner/developer.

7. For the "Sales Associate or Broker Sales Associate Name Change," "Address Change with Issuance of Updated License," and "Request Duplicate License" transactions:

i. These transactions require DBPR to mail a new hard copy of the applicant's license with the updated information.

ii. Once the applicant receives the new license, he/she should destroy the old license.

iii. These transactions require a fee in the amount of $25.00. Make checks payable to DBPR.

Form **W-9**
(Rev. October 2007)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type
See **Specific Instructions** on page 2.

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership
☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ - - - - - - -
☐ Other (see instructions) ▶

☐ Exempt payee

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

Part I **Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

or

Employer identification number

Part II **Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here **Signature of U.S. person** ▶ **Date** ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). Check the "Limited liability company" box only and enter the appropriate code for the tax classification ("D" for disregarded entity, "C" for corporation, "P" for partnership) in the space provided.

For a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line.

For an LLC classified as a partnership or a corporation, enter the LLC's name on the "Name" line and any business, trade, or DBA name on the "Business name" line.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),

2. The United States or any of its agencies or instrumentalities,

3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,

4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or

5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,

7. A foreign central bank of issue,

8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,

9. A futures commission merchant registered with the Commodity Futures Trading Commission,

10. A real estate investment trust,

11. An entity registered at all times during the tax year under the Investment Company Act of 1940,

12. A common trust fund operated by a bank under section 584(a),

13. A financial institution,

14. A middleman known in the investment community as a nominee or custodian, or

15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over $600 required to be reported and direct sales over $5,000[1]	Generally, exempt payees 1 through 7[2]

[1]See Form 1099-MISC, Miscellaneous Income, and its instructions.

[2]However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at *www.ssa.gov*. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at *www.irs.gov/businesses* and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting *www.irs.gov* or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: *A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.*

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt payees, see *Exempt Payee* on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account [1]
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor [2]
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee [1]
b. So-called trust account that is not a legal or valid trust under state law	The actual owner [1]
5. Sole proprietorship or disregarded entity owned by an individual	The owner [3]
For this type of account:	**Give name and EIN of:**
6. Disregarded entity not owned by an individual	The owner
7. A valid trust, estate, or pension trust	Legal entity [4]
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

[1] List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

[2] Circle the minor's name and furnish the minor's SSN.

[3] You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

[4] List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

Call the IRS at 1-800-829-1040 if you think your identity has been used inappropriately for tax purposes.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to *phishing@irs.gov.* You may also report misuse of the IRS name, logo, or other IRS personal property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: *spam@uce.gov* or contact them at *www.consumer.gov/idtheft* or 1-877-IDTHEFT(438-4338).

Visit the IRS website at *www.irs.gov* to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

PROPERTY OUTLET

Real Estate And Property Investment

Tools and Materials - Order Form

	Item	Amount	Quantity		Totals
☐	Business Cards	5,000.00		$ 79.99	
☐	Car Magnets	1 Pair		$ 65.00	
☐	Name Tag	1		$ 10.00	
☐	Open House Signs	5		$ 30.00	

Subtotal ____________

7% Tax ____________

Total

Ck Number ____________

Name ____________

Cellular ____________

Cellular ____________

E-mail ____________

Web Site ____________

Office Address ____________

Transaction Details

Picture CD ☐ Yes ☐ No

Se Habla Español ☐ Yes ☐ No

Other ____________

____

____

Date Ordered ____________ Date Received ____________

Ordered By ____________

Signature

PROPERTY OUTLET
Real Estate And Property Investment

CREDIT CARD AUTHORIZATION FORM

Agent Name: ____

Cardholder Name: ____

Signature: _______________________________________

Address: ____

____

Credit Card Type:

☐ VISA ☐ MASTERCARD ☐ DISCOVER

Credit Card Number: ________ - ________ - ________ - ________

Expiration Date: ________ / ________

Billing Zip Code: ________

Card Identification Number (last 3 digits on the back of the credit card): ________

Amount Charged: $ ______________ (USD) This amount will be charged the first date of every month

Apply Amount to: ☐ Advance Office Fee ☐ Office Fee ☐ Others

FAX or send the authorization to: **877-406-1216**