



Broker Application

Please complete this application online and follow the instructions for submission. You may also attach any supporting documents regarding your company and services that are not covered in this application.

Note: This application is not a guarantee of Network Membership or referral opportunities.

Broker of Record
Principal Owner or CEO
Title
Company Name
Address
Suite
PO Box (if applicable)
City
State
Zip

Telephone
Telephone – 800#
Telephone – after hours
Cell
Fax
Email
Company Website

Number of Offices
Number of Agents:
 Full Time
 Part Time
Office Hours

Federal Tax Id:
Year company started:

Relocation Director Contact

Address: (if different than main office address)

Suite

City

State

Zip

Telephone

Telephone – 800#

After Hours Telephone

Cell

Fax

Email

Number years Relocation Experience:

Number of Agents Servicing Relocation: (*minimum 2 years experience*)

Number of Relocation Transactions Annually:

Average Sales Price:

Formalized Agent Training Programs: (*list Programs*)

Frequency of Training:

Annually

Semi Annual

Monthly

Certifications:

Designations:

REO Services (if applicable)

REO Agent Contact

Address: same as

Main Office

Relocation/Shortsale Office

Suite

City

State

Zip

Telephone

Telephone – 800#

After Hours Telephone

Cell

Fax

Email

Number of Agents REO: (*minimum 2 years experience*)

Number of REO branch offices (include office addresses and contact information including their respective MLS membership):

Number of REO Transactions Annually:

Average Sales Price:

Formalized Agent Training Programs: *(list Programs)*

Frequency of Training:

Annually

Semi Annual

Monthly

Certifications:

Designations:

Systems Utilized:

 Servicengine

 Equator

 Res.net

 Other

Shortsale Services (if applicable)

Shortsale Agent Contact

Address: same as

Main Office

Relocation/REO Office

Suite

City

State

Zip

Telephone

Telephone – 800#

After Hours Telephone

Cell

Fax

Email

Number of Agents Servicing Shortsale: *(minimum 2 years experience in Relocation or Shortsale)*

Number of Shortsale Transactions Annually:

Average Sales Price:

Formalized Agent Training Programs: *(list Programs)*

Frequency of Training:

Annually

Semi Annual

Monthly

Certifications:

Designations:

Systems Utilized:

 Servicengine

 Equator

 Res.net

 Other

General Information

Please list names of three company references (*Relocation, REO & Shortsale if you service all three*), including contact name, title, company name, address, phone number. By listing this information, you are giving ETCREO Management permission to contact.

- 1.
- 2.
- 3.

Memberships/Awards

Is your company a member of REOMAC? Y/N

If yes, member since
Date of last meeting attended?

Please list other company memberships (spelling out network acronyms), including, if a member, the name of your local board of Realtors

By signing this Application for Consideration, I hereby attest that all information on this application and attached documents is true to the best of my knowledge.

By entering my name or initials below I confirm the information entered on this form is correct and I am signing this form electronically.

COMPANY NAME

BROKER NAME

BROKER SIGNATURE

DATE