



New Member

Licensee's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Fax #: _____

Under section 6109 of the Internal Revenue Code, certain recipients of business payments are required to furnish their social security number to the payer who must report such payments to the Internal Revenue Service on Federal Form 1099. As a Referral Associate, you may receive such business payments from time to time and therefore we must have this information on file.

SS #: _____ - _____ - _____ Signature: _____

Is your license currently held by a Brokerage company? Yes: ___ No: ___

If Yes, name of current Brokerage company: _____

Please instruct your current broker to terminate your license online in the New Jersey Real Estate Commission's computer system so that NJRN can have a new referral agent license issued in your name.

Former Board/Association Affiliation
 (example – North Central Jersey Association of Realtors, NCJAR): _____

I UNDERTAND AND AGREE TO ALL THE TERMS CONTAINED IN THE NJRN MEMBER AGREEMENT INCLUDING ADDENDUM A WHICH EXPLAINS WHAT REAL ESTATE BROKERAGE ACTIVITIES I CAN AND CANNOT ENGAGE IN AS A REFERRAL AGENT. I ALSO UNDERSTAND THAT WHEN SELLING ANY REAL ESTATE IN WHICH I HAVE AN OWNERSHIP INTEREST OR PURCHASING ANY REAL ESTATE FOR MY OWN PERSONAL PORTFOLIO THAT I AM REQUIRED BY THE NEW JERSEY REAL ESTATE COMMISSION TO INFORM ALL PARTIES TO SUCH A TRANSACTION THAT I HOLD A NEW JERSEY REAL ESTATE LICENSE.

For Office Use Only		REC Transfer Date	Today's Date
Check#	Total Paid \$	Received By: (Initials)	

New Jersey Referral Network, LLC
910 Mt. Kemble Ave, Suite 108, Morristown, NJ 07960
Phone (973) 425-0189 Fax (973) 743-2095
Gary Large, Broker of Record



CREDIT CARD AUTHORIZATION FORM

Licensee's Name _____

Home Phone _____ Cell Phone _____

Email _____

<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD _____		EXP DATE _____
BILLING ZIP CODE _____	SEC _____	
PURPOSE OF PAYMENT _____		\$ _____ TOTAL AMOUNT CHARGED
PRINT NAME _____	<i>z</i> SIGNATURE _____	TODAY'S DATE _____
I acknowledge that I understand and authorize the above charges and that, once authorized, there will be no refunds or credits given.		

For Office Use Only	Today's Date _____
Total Paid \$ _____	Received By: (Initials) _____