

Agent Information

Agent Name _____

Street Address _____

City _____ State _____ Zip Code _____

Birthdate ___ / ___ / ___ SSN ___ - ___ - _____ Business Phone (___) ___ - _____

Designated Home Office East West Office Hanging License East West

Are you transferring from another agency? Yes No If so, where? _____

Business E-mail _____ @ _____ . _____

Would you like emails to your BetterKS.com email address forwarded directly to the email above? Yes No

Website _____ . _____

Languages Spoken: Primary _____ Secondary _____

Real Estate License Number _____ MLS ID _____

Issuing Year _____ Original License Date ___ / ___ / ___ Expiry Date ___ / ___ / ___

REALTOR® Designations _____

Name of your LLC/Inc. _____

FID/EIN _____ Driver's License Number ___ - ___ - _____

Auto Insurance Company _____