

PRINCIPAL BROKER NAME _____
(PRINT)

SIGNATURE OF PRINCIPAL BROKER: _____

State of _____

County of _____

Subscribed and sworn to before me this _____ day of _____ 20_____

(Notarial Seal)

NOTARY PUBLIC/JUSTICE OF THE PEACE

My commission expires: _____

AND

MANAGING BROKER NAME _____
(PRINT)

SIGNATURE OF MANAGING BROKER: _____

State of _____

County of _____

Subscribed and sworn to before me this _____ day of _____ 20_____

(Notarial Seal)

NOTARY PUBLIC/JUSTICE OF THE PEACE

My commission expires: _____

THE FOLLOWING POWER-OF-ATTORNEY FORM MUST BE COMPLETED FOR ALL
NON-RESIDENT FIRM BRANCHES

POWER-OF-ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: that the subscriber, desiring to conduct a real estate business in the State of New Hampshire in conformity with the laws thereof, hereby irrevocably constitutes and appoints the New Hampshire Real Estate Commission or its Executive Director, for the time being, to be the subscriber's true and lawful attorneys in aforesaid state, in compliance with the provisions of Chapter 331-A Revised Statutes Annotated, as inserted by the Laws of 1959, Chapter 222, and any amendments thereto, upon whom all lawful processes in any action or proceeding against the subscriber may be served and said subscriber hereby stipulates and agrees that any lawful process which is served on said attorneys shall be of the same legal force and validity as if served personally within this State.

IN WITNESS WHEREOF, the undersigned has executed and subscribed to this Power-of-Attorney this _____
day of _____ A.D. _____

SIGNATURE OF OWNER/AUTHORIZED OFFICIAL

(TITLE WITHIN FIRM)

State of _____

County of _____

On this _____ day of _____ A.D. 20 _____ personally appeared the person who subscribed to the following instrument and acknowledged the same as his/her voluntary act and deed before me.

NOTARY PUBLIC/JUSTICE OF THE PEACE

(NOTARIAL SEAL)

My commission expires:

Credit Card Sheets are not accepted via e-mail

You may pay your fee with a credit card by filling out this form. Please make sure that all information is correct and up to date. Indicate what the fee is for under transaction type.

This page will be destroyed after the transaction has taken place.

Transaction Type:		Amount Due:	
Card Type: (please select one) <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard (required)			
Card Number			(required)
Expiration Date:	Month:	Year:	(required)
Billing Name and Address (your billing address must match the address associated with the credit card you are using.)			
Name on Card:			
Billing Address:			
City:			
State/Province:			
Zip/Postal Code:			
Country:			
Authorization Signature :			