

RESPONSIBLE BROKER AUTHORIZATION FORM

Licensee Name _____ License # _____

Business Name _____

Business Type: Sole Proprietorship _____ Corporation _____ Partnership _____ Association _____

LLC _____ LLP _____

Business Address _____

Mailing Address (if different) _____

Phone # _____ FAX # _____

Name of Trust Account _____

Trust Account Number _____

Authorized Signatories on the Account _____

Name of Financial Institution _____

Address of Financial Institution _____

() Additional accounts listed on reverse.

South Dakota statute requires that sales tax be paid on all commissions. Please contact the Department of Revenue at 605-773-5141 if you do not have a South Dakota sales tax license.

I certify the information on this form is correct and I authorize any of the financial institutions listed to allow the South Dakota Real Estate Commission (*or its authorized agent*) to examine all books, records and contracts relating to the account(s) herein listed. The examination may be made at any time as directed by the South Dakota Real Estate Commission.

Dated this _____ day of _____, 20____.

BY: _____
(Responsible Broker)

