

BALTIMORE RAVENS



PERMANENT SEAT LICENSE TRANSFER FORM: NON-CLUB SEATS

SEAT LOCATION: _____	SECTION _____	ROW _____	SEAT(S) _____
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Transferor (Current Owner):

The transferor hereby requests the transfer of the Seat Licenses identified above to the Transferee. Transferor acknowledges that the transfer will be complete upon approval by the Licensor, and hereby releases Baltimore Ravens, Inc. (the Licensor) from any further obligations or liability to the Transferor with regard to the Seat Licenses so transferred.

Account Number: _____

Account Name: _____

Attention Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

Additional Non-PSL Funds to be Transferred (i.e. season ticket or related funds) \$ _____

Signature: acknowledged that he/she/they executed the same for the purpose: _____ Date: _____

State of Maryland, County/City of _____
 On this _____ day of _____, 20____, before me, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person(s) whose name(s) is/are subscribed to within the instrument and therein contained.

In witness hereof, I hereunto set my hand and official seal.

Notary Public _____ My commission expires: _____

Transferee (New Owner):

The Transferee hereby accepts the transfer of the Seat Licenses identified above and, upon approval of the transfer by the Licensor, assumes all obligations of the Licensee under the Additional Terms and Conditions of Seat License Agreement attached hereto.

Account Name: _____

Attention Name: _____ SSN/Tax ID _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____ Email: _____

Signature: _____ Date: _____

Transfer Fee:

As stated in the Permanent Seat License agreement (Section 3F), a per seat transfer fee of \$50.00 applies to all PSL transfers. PSL transfers will not be recognized and approved until this fee has been paid in full.

Calculation: Number of Seats Transferred _____ x \$50.00 = \$ _____

Method of Payment: Check/Money Order (attached) Visa Master Card American Express

Credit Card/Check Number: _____ Exp.: _____

Signature of Cardholder: _____ Amount Included: \$ _____

Return Form and Payment To: Ravens Stadium Ticket Office, PSL Transfer, 1101 Russell Street, Baltimore, MD 21230

Transfer Approval: (Office Use Only)

LICENSOR: Baltimore Ravens Limited Partnership New Account Number: _____
 By: Baltimore Ravens, Inc., Its General Partner

Approved by: _____

Signature
Title
Date

Processed by: _____ Date Received: _____ Trans Batch: _____ Pmt Batch: _____