



# MULTIPLE LISTING SERVICE

## REQUEST FOR USER ID AND PASSWORD NUMBERS FOR UNLICENSED BROKER/AGENT ASSISTANT



- Broker Assistant (BR) – FULL ACCESS • \$299 Annually (Prorated Monthly)
- Broker Assistant (LM) • \$99 Annually (Prorated Monthly)
- Agent Assistant (SO) • \$99 Annually (Prorated Monthly)
- Appraiser Assistant (SO) • \$299 Annually (Prorated Monthly) \* *Search Only* \*

700 S Royal Poinciana Blvd Suite 400 Miami, FL 33166 Main (305) 468-7000 Membership (305) 468-7005 Fax (305) 468-7030 membership@miamire.com MiamiRealtors.com	MIAMI HQ Coral Gables Northwestern Dade East Broward • DCOTA West Broward • Sawgrass Northeast Broward Jupiter • JTHS
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ASSISTANT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Please Print)

OFFICE ADDRESS: \_\_\_\_\_  
(Street) (Apt. Number) (City/State) (Zip)

USER ID: \_\_\_\_\_ PASSWORD: \_\_\_\_\_  
(Assigned by the Assn.) (Assigned by the Assn.)

COMPANY NAME: \_\_\_\_\_

OFFICE CODE: \_\_\_\_\_ BROKER'S NAME: \_\_\_\_\_

- I, the undersigned licensed Broker/Agent, hereby affirm that this Broker/Agent Assistant is **NOT** a licensed real estate Agent. The sole purpose of this request is to allow MLS access for administrative duties only.
- I acknowledge and accept full responsibility for the confidentiality and security of the User ID and Password to access the online MLS system. A fine of \$1000.00 will be assessed against me by the Multiple Listing Service for disclosure or misuse of this confidential information.
- I understand that in the event the Broker/Agent Assistant engages in real estate activity while under the employment of the Broker/Agent, Association dues and MLS fees will be assessed.

### FULL ACCESS (COMPLETED APPLICATIONS WILL BE PROCESSED WITHIN 24 to 48hrs. UPON RECEIPT)

BROKER/AGENT'S NAME: \_\_\_\_\_ R.E. LICENSE #: \_\_\_\_\_

BROKER SIGNATURE: \_\_\_\_\_

AGENT SIGNATURE: \_\_\_\_\_ MLS PASSWORD: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

BROKER/AGENT CONTACT: \_\_\_\_\_

CREDIT CARD TYPE:  VISA  MASTER CARD  AMEX  DISCOVER

NAME ON CARD: \_\_\_\_\_

CREDIT CARD No. : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EXP. DATE: \_\_\_\_ / \_\_\_\_ CVC#: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_