



MULTIPLE LISTING SERVICE

REQUEST FOR USER ID AND PASSWORD NUMBERS FOR UNLICENSED BROKER/AGENT ASSISTANT (SO)

- Broker Assistant – FULL ACCESS • \$299 Annually (Prorated Monthly)
- Broker Assistant (LM) • \$99 Annually (Prorated Monthly)
- Agent Assistant (SO) • \$99 Annually (Prorated Monthly)

700 S Royal Poinciana Blvd Suite 400 Miami, FL 33166 Main (305) 468-7000 Membership (305) 468-7005 Fax (305) 468-7030 info@miamire.com MiamiRealtors.com	MIAMI HQ Coral Gables Northwestern Dade East Broward • DCOTA West Broward • Sawgrass Northeast Broward Jupiter • JTHS
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BROKER/AGENT ASSISTANT'S 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. Further, I acknowledge and accept full responsibility for the confidentiality and security of the User ID and Password to access the on-line MLS system. I understand that in the event of disclosure or misuse of the ID Numbers by anyone other than the Broker/Agent Assistant, a fine of \$1,000.00 will be assessed against me by the Multiple Listing Service. In the event I request a faxed copy of this statement, the Association is not held responsible for disclosure or misuse of the ID numbers by anyone other than the Broker/Agent Assistant. I further understand that in the event the Personal Assistant engages in real estate activity while under the employment of the broker/agent, Association dues and MLS fees will be assessed. UPON ISSUANCE OF ACCESS CODES, MLS ACCESS WILL BE AVAILABLE IN 2 HOURS.

BROKER or AGENT'S NAME: _____ R.E. LICENSE #: _____

AGENT'S SIGNATURE: _____ MLS PASSWORD: _____

BROKER SIGNATURE: _____

EMAIL ADDRESS: _____

MEMBER'S DAYTIME NUMBER: _____

FULL ACCESS (COMPLETED APPLICATIONS WILL BE PROCESSED WITHIN 48HRS. UPON RECEIPT)

CREDIT CARD TYPE: VISA MASTERCARD AMEX DISCOVER

CREDIT CARD No. : _____ - _____ - _____ - _____ EXP. DATE: ____/____/____ CVC#: _____

BILLING ADDRESS: _____