



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)
 - If Broker is MIAMI Platinum PLUS • \$149 • Access to Matrix & Rapatoni
- Agent Assistant (SO) • \$99 Annually (Prorated Monthly) *Search Only*
 - If Agent is MIAMI Platinum PLUS • \$149 • Access to Matrix & Rapatoni
- 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 mls@miamire.com MiamiRealtors.com MiamiRealtors.com/MLS	MIAMI HQ Coral Gables Northwestern Dade Aventura West Broward • Sawgrass Northeast Broward Southeast Broward JTHS-MIAMI
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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.

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: _____

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