

TEAM ID REQUEST FORM

To request a team ID, please complete and email this form to support@mlslistings.com or fax it to (408) 874-1250. If necessary, use more than one form. Incomplete forms will delay processing.

Broker Code: _____

Company Name: _____

Team Primary Member

First Name: _____ Last Name: _____

BRE #: _____

Next Team Member

First Name: _____ Last Name: _____

BRE#: _____

Team Name (max 20 characters): _____

Team Phone (for listings): _____

Team Fax (for listings) _____

Team Email Address (for listings): _____

Please list the Active listing(s) on the MLSListings system you would like to change to reflect the team ID number:

MLS #: _____ Address: _____

MLS #: _____ Address: _____

MLS #: _____ Address: _____

MLS #: _____ Address: _____

MLS #: _____ Address: _____

Please Note:

Subscription to MLSListings is based on your individual BRE number. Team ID numbers are created solely for convenience and are not to be used as a license or on official documents. Should the Primary Member not remain active with the MLS or the team members in the office drops below two, the Team ID will be terminated. Any active team listings will then be transferred to the manager or broker of the office of the primary team member. Compliance and/or obligations with state law regarding team names are the responsibility of the broker. MLS rules, policies, and process are the responsibility of the team members and the brokerage.

Broker/Office Manager Signature: _____ Date: _____

Date: _____ Department: _____ Prepared By: _____

Please print clearly. Everything with an asterisk (*) indicates a required field.

Licensee Name:

Prefix First* Middle Last* Suffix

Office Name*: _____

BRE/Appraiser Number*: _____ Broker Code and Branch Number*: _____

Team BRE Fees:

	PRICE X	QTY	=	SUBTOTAL
Set Up Fee (\$100 Per Team)	\$ 100 X	_____	=	_____
Annual Fee (\$100 Per Team)	\$ 100 X	_____	=	_____
Doc Central Subscription: Annual (\$0.10 X 12 Months)	\$ 1.20 X	_____	=	_____
GRAND TOTAL				_____

VISA AMERICAN EXPRESS MASTERCARD DISCOVER CHECK/ M.O. #: _____

Credit Card #: _____ Exp. Date: _____

Cardholder's Address:

Street City State Zip Code

Cardholder's Name: _____

Cardholder's Signature: _____ DATE: _____

MLS FEES ARE NON-REFUNDABLE

Please email this completed form to support@mlslistings.com or fax it to (408) 874-1250.