



Multilist Services of Springfield REALTORS®, INC.
1310 E. Primrose St., Springfield MO 65804
Office (417) 883-1226 Fax (417) 520-0977
Email: support@gsbor.com

MULTILIST ACCESS APPLICATION

PERSONAL INFORMATION

Name (As it appears on license): _____

Nickname: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

E-Mail Address: _____ Web Site: _____

Individual License/Work Permit#: _____

Classification: REALTOR® (\$45) Appraiser (\$45) Unlicensed Assistant (\$25)

Will you primarily be working with an agent or team within the office that holds your license? Yes No

If yes, provide the name of agent you will be assisting: _____

Primary Board of REALTORS®: _____

OFFICE INFORMATION

Office Name: _____ Branch: _____

Office NRDS#: _____

Office License #: _____

Designated Broker Name: _____

I hereby agree as a condition of participation in the Multilist Service of Springfield REALTORS®, Inc., to abide by the Bylaws, Rules and Regulations of the Service, and other obligations of participation including payment of fees. I further agree to be bound by the NATIONAL ASSOCIATION OF REALTORS® Code of Ethics including the obligation to submit to ethics hearings and the duty to arbitrate contractual disputes with other REALTORS® in accordance with the established procedures of the Board/Association. I understand that a violation of the Code of Ethics may result in termination of my MLS privileges and that I may be assessed an administrative processing fee of up to two hundred fifty (\$250), which may be in addition to any discipline, including fines, that may be imposed.

I irrevocably waive all claims against the Multilist Service or any of its officers, directors, staff, or members for any act in connection with business of the Multilist Service and particularly as to it's or their acts in electing or failure to elect, advancing, suspending, expelling, or otherwise disciplining me as an applicant or as a member.

NOTE: Fees are Non-Refundable and Non-Transferrable

Date: _____ Signature: _____

Broker Signature: _____



**Multilist Service of Springfield REALTORS®
Automatic Credit Card Billing Authorization Form**

Customer Name: _____

Agent ID number: _____

E-mail Address: _____

Cell Phone: _____ - _____ - _____

Credit Card Information:

Cardholder's Name: _____

Cardholder's Billing Zip Code: _____

Credit card number: _____ - _____ - _____ - _____

Expiration date: ____ / ____

Begin date: _____

Please check all that apply: MLS \$45 _____ Unlicensed Assistant \$25 _____

Payments will be drawn on the 11th of each month.

Please send the completed form to accounting@gsbor.com

Return of this form is authorization to pay all past due MLS Fees.

Annual GSBOR dues will NOT be deducted automatically.

Signature

Print Name

Date

By signing this form, I agree to the automatic monthly charge to my credit card for MLS service that is provided to me by the Greater Springfield Board of REALTORS® and Multilist Service of Springfield REALTORS® through the National Association of REALTORS® e-Commerce system. This form is for monthly MLS.



**Greater Springfield
Board of REALTORS®, Inc.**
www.gsbor.com