

SANDICOR inc

http://www.Sandicor.com/

Multiple Listing Service Participation Application

This form is for use by MLS Participants of the following Associations whose Multiple Listing Service has been assigned to SANDICOR inc:
Coronado, East San Diego County, North County, Pacific Southwest and San Diego.

Broker of Record Name _____ Agent # _____
Print Name as it appears on DRE License

Firm Name (dba) _____ Firm # _____

Office Address _____

E-Mail Address: _____

Web-site Address: _____

Resident Address _____

Office Phone # _____ FAX # _____
Phone number will appear in listings,
computer system, and Directories.

DRE License # _____ Date of Expiration _____
MUST ATTACH CURRENT COPY OF LICENSE

Social Security # _____ Date of Birth _____

Please check and complete applicable statements.

- I am currently an MLS Participant of _____ Association/Board of REALTORS®
 I am an active REALTOR® member of _____ Association/Board of REALTORS®
 I am not a REALTOR® member of any organized Real Estate Association/Board.

I hereby apply for Participation in the SANDICOR inc Multiple Listing Service and certify that the above is correct. I further acknowledge understanding that as a Participant:

- 1) I agree to comply with the Rules and Regulations and all administrative policies. I will observe these rules with such amendments as may be made hereafter as long as I remain a Participant.
- 2) I am responsible for the practices of all licensees using my service.
- 3) I must submit all exclusive right and exclusive agencies listing profiles to the service for dissemination to the other Participants and may receive listing information filed by all other Participants.
- 4) I agree to pay fees as may be determined for the use (and fines for the misuse) of the service by the broker and any licensee using his service. Reinstatement fees and/or termination of service will be incurred on delinquent accounts. All fees must be paid by Participant or Company check.
- 5) I am responsible for notifying the service center in writing of all licensees affiliated under my license and for payment of the participation fees of such licensees.

Broker of Record Signature

Date

***Note: If returning by Fax please Fax to 588-6510
By Mail: ESDCAR, 1150 Broadway, El Cajon, CA 92021