

## Request for Access to Shared MLS Data

**Important Note: This form must have Designated REALTOR® (Broker) signature prior to submission.** This form is for AAABoR Subscribers only. Please fax completed form to: 734-747-7377.

## REALTOR® Information

All information is required! Please type or print.

Date: \_\_\_\_\_

Listing Agent Name: \_\_\_\_\_

Agent License #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Office Name: \_\_\_\_\_

Office License #: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Office Fax: \_\_\_\_\_

**Please indicate whether this is a first time request for access or if you are requesting an extension of current access:**

## Rules for Participation in MLS Data Sharing

1. Realcomp II Ltd. upholds the accuracy of the MLS data provided.
2. All inquiries as to the use of and/or sharing of the Realcomp MLS system should be directed to AAABoR.
3. Your login and password for Realcomp II Ltd. is **NOT** to be shared with other offices or individuals. Each agent requesting access must fill out their own form to access the Realcomp MLS system. Violation of this could result in loss of MLS Data Sharing privileges.
4. This request entitles the user to online access to MLS data only.
5. Each REALTOR® participating in MLS Data Sharing will be expected to abide by the MLS Rules and Regulations including cooperation and offers of compensation as published in the MLS in which the listed property is filed and by the Code of Ethics as adopted by NAR and MAR.

## Participating MLS/Associations

Select the MLS(s) that you request permission to access.

Realcomp II Ltd.

## Agreement

I hereby request permission to access the above selected MLS.

As a REALTOR® and a current subscriber of the AAABoR (MLS), I will abide by the Code of Ethics, including the duty to arbitrate any Contractual dispute, as adopted by the National Association of REALTORS® and the Michigan Association of REALTORS® as from time to time amended.

I hereby agree the information provided on this form is accurate and true to the best of my knowledge.

I further agree to hold Realcomp II Ltd. and its Shareholders harmless against any liability arising from inaccuracy or inadequacy of the information I have provided.

Agent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Form

Broker Signature: \_\_\_\_\_

***Please note: The Realcomp II Ltd. MLS will issue your login name and password via e-mail within 48 hours of receipt during business hours. Monday through Friday. Shared access and passwords have set expiration dates of Feb. 1st and Aug. 1st.***

## FOR INTERNAL USE ONLY:

APPROVED DATE: \_\_\_\_\_ By: \_\_\_\_\_

USERNAME: \_\_\_\_\_

PASSWORD: \_\_\_\_\_