

RECIPROCAL MLS APPLICATION

SANDICOR, Inc.
5414 Oberlin Dr., Suite 150
San Diego, CA 92121
TEL: 858-622-6200 • FAX: 858-622-6222
www.sandicor.com

For SANDICOR, Inc. Office Use Only

Office ID Number _____ Agent ID Number _____

* Please attach a copy of your DRE License or Appraiser Certification
& a letter of good standing from your MLS.

INCOMPLETE APPLICATIONS CANNOT BE PROCESSED.

Agent/Appraiser Name _____

Applicant Residence Address _____

City _____ State _____ Zip _____

Agent Phone (___ ___ ___) _____ - _____ - _____ Fax (___ ___ ___) _____ - _____ - _____

DRE License # / Cert # _____ Social Security # _____ - _____ - _____

Email: _____ Web Page: _____

Office Name _____

Office Address _____

Suite _____ City _____ State _____ Zip _____

Office Phone (___ ___ ___) _____ - _____ - _____ Fax (___ ___ ___) _____ - _____ - _____

Designated Broker _____

Current Association/MLS Name _____

Address _____ City _____ State _____ Zip _____

I am aware of the rules contained within the California Master Reciprocal MLS Agreement, and agree to abide by them.

** Agent Signature _____ Date ____/____/____

Having read the California Reciprocal Agreement, I authorize the above to participate with Sandicor Regional MLS. I understand that I am ultimately responsible for his/her actions.

** Broker Signature _____ Date ____/____/____

Contact Mailing Address

(Please Check)

Res: _____

Or

Office: _____

(If left unchecked all notices will be sent to the office)

SANDICOR, Inc.

******Hours: Monday – Thursday 8:00 A.M. – 5:00 P.M.******

Friday 9:00 AM – 5:00 PM

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SAN DIEGO, CA 92121

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CHECK Charge

RECIPROCAL FEES

- Reciprocal Listing Input \$50.00
- Supra Keypad Access Fee (6 Months)... \$50.00** Type of Key_____
 - Dkey/Ekey w or w/o shell***
 - SupraKey or SupraCard***
 - Key#_____
 - Pin Code#_____
- Lockbox Deposit \$100.00 per Box
- Rental Fee for Lockbox \$20.00 first month
 - \$ 5.00 each additional month
- Searches/CMA Reports (**Level II & III**) \$20.00 (includes first 20 pages)
 - \$.50 ea. Additional page
- ON-LINE Access (Level III ONLY) \$150.00 per Quarter***
 - (2 Months = \$100)**
 - (1 Month = \$ 50)**

***Prorated Monthly – Based on month access begins.**

Quarterly Access Fees will be billed December 1st for Jan/Feb/March, March 1st for April/May/June, June 1st for July/August/Sept, September 1st for October/November/December.

****Key fee prorated quarterly**

I hereby authorize SANDICOR, Inc. to charge to my account noted below for those services I may request.

Participant Name _____ Participant Number _____

Visa/MC # _____ - _____ - _____ - _____ Exp ___ / ___

American Express/Discover _____ Exp ___ / ___

Cardholder Signature _____ Date _____

Rev: 09/01/04