



Web: [www.statewidemls.com](http://www.statewidemls.com)  
[www.riliving.com](http://www.riliving.com)

100 Bignall Street  
Warwick, Rhode Island 02888  
Ph: (401) 785-9898  
Fx: (401) 941-5320

**APPLICATION/AGREEMENT TO PARTICIPATE IN THE  
STATE-WIDE MULTIPLE LISTING SERVICE, INC.**

**Please mail or fax the following information- allow 24-48 hours for processing:**

1. Completed Agreement, **signed by Participant and Participant's Local Board of REALTORS.**
2. **A list of all licensed RI real estate brokers, salespersons, licensed or certified appraisers and appraisal trainees (with license numbers) who are employed by or affiliated as independent contractors with, or who are otherwise licensed with the Participant.**
3. **A \$200.00 application fee** payable by check, money order or credit card (check made out to Statewide MLS)

**Date:** \_\_\_/\_\_\_/\_\_\_ **Office Code (MLS use):** \_\_\_\_\_ **Agent ID (MLS use):** \_\_\_\_\_

**Name of Individual Participant:** \_\_\_\_\_  
(Designated Broker) (Please print)

**Name of Participant's Firm:** \_\_\_\_\_  
(Use Exact Legal Name of Firm)

**Address of Participant's Firm:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Mailing Address (if different):** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Home telephone:** \_\_\_\_\_ **Publish this # on MLS listings?:** \_\_\_Y \_\_\_N

**Real Estate Licenses held by Participant:**

**License #:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Type:** \_\_\_Broker \_\_\_Appraiser **Exp. Date** \_\_\_/\_\_\_/\_\_\_

**License #:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Type:** \_\_\_Broker \_\_\_Appraiser **Exp. Date** \_\_\_/\_\_\_/\_\_\_

**Signature of Participant:** \_\_\_\_\_

**Local Board of REALTORS signed Certification:** (or attach letter of good standing from Local Board/Assoc.)

I, \_\_\_\_\_, Title: \_\_\_\_\_

Of: \_\_\_\_\_ (local board/assoc. name and address)  
do certify that the above individual is an active member in good standing in said Local Board/Assoc. of REALTORS.

**MLS App. Fee-** \_\_\_\_\_  
(MLS use)

**MLS Class -** \_\_\_\_\_  
(MLS use)



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### MLS GUARANTY AGREEMENT

**Participant's Agreement to be Bound:** I, being sole proprietor, duly authorized corporate officer, or partner of the above Firm, (Participant) and also being individually, an active REALTOR member of the \_\_\_\_\_ Board of REALTORS, do hereby agree to participate in the State-Wide Multiple Listing Service, Inc. (the "Service") until such agreement is terminated by written notice to the Service 30 days in advance of said disassociation.

**I confirm that I currently, and will on a continual and ongoing basis in the operation of my real estate business activities, actively endeavor to list real property of the type filed with the MLS and/or accept offers of cooperation and compensation made by other Participants through the MLS. I agree that I must continue to engage in such activities during my participation in the MLS. I acknowledge that failure to abide by these conditions of participation on an ongoing basis may result in potential suspension or termination of MLS participatory rights after a hearing in accordance with the MLS's established procedures. (For Brokers Only)**

The Participant agrees that the Participant and all members of Participant's firm (defined as licensed real estate brokers, salespersons, licensed or certified appraisers who are employed by or affiliated as independent contractors with, or who are otherwise licensed with the Participant) will be members of and comply with the Rules and Regulations and policies of the Service as established or amended from time to time, copies of which have been made available to the Participant.

The Participant agrees, on behalf of the Participant's firm, that the Firm shall unconditionally guaranty to the Service, the punctual payment of all fees, costs and service charges incurred in the use of the Firm's service by the Participant or by any of the Participant's officers, agents or members (defined in the MLS Rules and Regulations as Participants, Subscribers and Users). Invoices for all dues, fees, charges and fines for the Firm will be sent to the Participant with whom the ultimate liability and responsibility for timely payment rests.

Should the Participant's firm disassociate from the Service for any reason, the Participant agrees that the Participant's firm shall pay all charges incurred by the Participant and the Participant's office during the participation by the Firm in the Service and that all unpaid charges shall be due and payable in full immediately upon the disassociation of the Participant's office. The Participant represents and warrants that the Participant has the authority to bind the Firm and its affiliated licensees and members to this agreement.

The undersigned jointly and severally represent and warrant to MLS (the Service) that the undersigned constitute the principal broker of the Firm and all of the stockholders of the Firm (if a corporation) or of the partners of the Firm (if a partnership). The undersigned and each of them, jointly and severally, hereby agree to abide by the bylaws and rules and regulations of MLS (the Service), as the same may be amended from time to time.

Dates this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Principal Broker -Printed

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Tax ID Number

\_\_\_\_\_  
Principal Broker- Signed

\_\_\_\_\_  
Stockholder/Partner -Printed

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Tax ID Number

\_\_\_\_\_  
Stockholder/Partner -Signed



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**SUBSCRIBERS AFFILIATED WITH THE PARTICIPANT’S OFFICE**

\_\_\_\_\_ The following licensees are employed by, affiliated with or otherwise licensed with the Participant:

*Please attach a copy of the license for each of the MLS subscribers listed below*

**Name (please print)**

**License number**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_ **OR- There are no other licensees associated with my office at this time**

*Subject to verification by the RI Department of Business Regulation*

\_\_\_\_\_  
**Designated Broker’s signature attesting to the truth of the information on this agreement**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date**



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## MLS AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT

I, the undersigned, authorize the State-Wide Multiple Listing Service (MLS) to automatically charge my credit card account for the following MLS fees billed to me **through any active Participant's office which I am associated with.**

### MLS monthly membership fees:

- MLS Licensee Dues (All Licensees) \$30.00 monthly
- MLS Monthly Office Dues (**Billed to MLS Participant only**) \$40.00 monthly

### MLS fees for optional services authorized by member

- MLS Book fees, MLS photo fees, MLS IDX & Data Feed fees, Data export fees, Property Panorama subscription fees, RILiving Agent Upgrade Packages, Web Site and Smart Framing fees and any other applicable fees in member account.

### MLS fines and fees incurred by member

- Late fees, late photo fines, late sold fines, listing fines in accordance with MLS policy and rules that do not exceed \$50.00.

I understand and agree that MLS will use my credit card information to process a monthly automatic debit before the 8th of each month. This authority will go into effect as of "date authorized" and will remain in full force and effect until such time MLS receives 30 days advance written notification of its termination. These charges will appear on my credit card statement under the name "Realtor Association/MLS" and will serve as a receipt for payment.

I understand and agree that I have sole responsibility to update MLS in writing with changes to credit card information. Payments that cannot be successfully processed and fall past due will accrue against the Participant's office account and may cause MLS access to become suspended. Suspended access may take up to 2 business days to reinstate. **Late fees accrue against past due balances on the first business day of the month.**

**Unless specified by checking below, all unpaid invoices in your account will be paid by your credit card with the execution of this agreement.**

Please do not pay past invoices but begin direct pay on the billing cycle beginning: \_\_\_\_\_

Member's Name: \_\_\_\_\_ Agent ID: \_\_\_\_\_  
PLEASE PRINT

Member's Current Office: \_\_\_\_\_ Office Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Contact Phone#: \_\_\_\_\_

**By signing below, you are acknowledging authorization to the terms of this agreement**

Signature of Member: \_\_\_\_\_

Signature of Cardholder of different from above: \_\_\_\_\_

Please return this form by mail, fax or email to [lauren@statewidemls.com](mailto:lauren@statewidemls.com).

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**THE CREDIT CARD INFORMATION BELOW WILL BE DETACHED AND DESTROYED.**

Cardholders Name if different from above: \_\_\_\_\_  
PLEASE PRINT

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
FOR CLARITY PURPOSES, PLEASE INCLUDE SPACES (I.E. - 5555 5555 5555 5555)      Visa    MC    Amex      CHECK ONE

Revised: 05.25.11