



Free Office Assistant Access Application

PLEASE COMPLETE THIS FORM IF YOU ARE APPLYING FOR A FREE OFFICE ASSISTANT ACCOUNT.

Offices with 10 or more MLS Subscribers are eligible to receive up to two (2) free accounts. Offices

with 9 or fewer MLS Subscribers are eligible to receive up to one (1) free account.

If you are applying for 'additional' accounts, please complete the *Chargeable Office Assistant Access Application*.

Please return this completed form to Realcomp via fax at 248.553.4244.

COMPANY INFO				
Firm Name: _____ Firm License Number(s): _____ Firm Address: _____ City, State & Zip: _____ Designated REALTOR® E-mail Address: _____ Office Phone: _____ Office Fax: _____				
ACCESS PRIVILEGES	<p>Office Assistant Access is for office assistants who are <u>unlicensed</u> or <u>have their license in a holding company</u>. It includes two (2) choices of access privileges:</p> <p>1) Code 72 - Enables assistant to load listings, edit listings/statuses, & load photos; -or-</p> <p>2) Code 75 - Enables assistant to perform all of the above functions (for code 72), plus update information for the office (i.e. display name, e-mail address, phone number, company logo, and Showing Assist preferences).</p>			
<p>I SUBMIT THE FOLLOWING INDIVIDUAL(S) IS/(ARE) EMPLOYED BY ME. I UNDERSTAND I AM RESPONSIBLE FOR INFORMING REALCOMP WHEN AN ASSISTANT IS NO LONGER WITH MY OFFICE.</p>				
FULL NAME OF ASSISTANT	ASSISTANT'S E-MAIL ADDRESS	LICENSE STATUS TYPE (72 or 75)	DESIRED PRIV. REQUESTED	ACTION
		<input type="checkbox"/> Unlicensed <input type="checkbox"/> License no: _____	<input type="checkbox"/> Code 72 <input type="checkbox"/> Code 75	<input type="checkbox"/> Add New Access <input type="checkbox"/> Mod. Existing Access <input type="checkbox"/> Remove Access
		<input type="checkbox"/> Unlicensed <input type="checkbox"/> License no: _____	<input type="checkbox"/> Code 72 <input type="checkbox"/> Code 75	<input type="checkbox"/> Add New Access <input type="checkbox"/> Mod. Existing Access <input type="checkbox"/> Remove Access
Designated REALTOR®/Broker Owner/Manager Signature: _____ Name Printed: _____ Date: _____				
<i>For Internal Use Only</i> Date Received: _____ Processed by: _____ Date Requested Addt'l Info: _____ E-mailed <input type="checkbox"/> Date: _____				

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