

# East Bay Regional Data Multiple Listing Service Real Estate Subscriber

Revised: 10/02/09

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## New Agent/R. E. Subscriber Information

**Make sure these items are included when you mail or fax your application:**

- Application Form completed and signed by Agent and the MLS Participating Broker.
- Copy of Agent's Department of Real Estate (DRE) license.
- \$200 Application fee
- \$480 Annual Subscriber fee.
- Copy of your California Driver's License

Fees can be charged to Mastercard or Visa by completing the bottom of the form. There is a \$25 service charge for any returned check or refused charge. If a check is returned or a charge refused, payment must be made by postal money order or certified check.

### Reminder:

- You have 45 days to complete a training course for the MLS computer system.
- You must read and follow the MLS Rules, which comes in your New Agent packet.
- Go online to our web site at [www.ebrdi.com](http://www.ebrdi.com) to check class schedules, register for a class, and get driving directions to class locations. Call EBRD @ 925-363-2333 with any questions.
- Your Participating Broker determines your Service Center. You must be affiliated with the same Service Center as your Broker.

### Service Center Locations

#### Antioch

Delta Association of REALTORS®

3428 Hillcrest Ave.,  
Ste 200  
Antioch, CA 94531  
925 757-8283  
925 757-8393 – fax

#### Berkeley

Berkeley Association of REALTORS®

1553 M L K Jr. Way  
Berkeley 94709  
510 848-4288  
510 848-2439 - fax

#### Oakland

Oakland Association of REALTORS®

1528 Webster St  
Oakland 94612  
510 836-3045  
510 272-0661 - fax

#### Richmond

W Contra Costa Association of REALTORS®

423 46<sup>th</sup> Ave  
Richmond 94805  
510 233-1152  
510 231-0243 - fax

#### Walnut Creek

East Bay Regional Data

1000 Burnett Ave.  
Ste 250  
Concord 94520  
925 363-2330  
925 687-7099 - fax

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## To ADD a New Agent/R.E. Subscriber to Your Office/Company

1. First Name: \_\_\_\_\_ Last: \_\_\_\_\_  
(as it appears on Real Estate License)

2. CA Department of Real Estate (DRE) License Number: \_\_\_\_\_

3. DRE License Expiration Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

4. Social Security Number (Last 4 digits only)XXXX -XX - \_\_\_\_\_

5. Company Name: \_\_\_\_\_

6. Company Address: \_\_\_\_\_

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

7. Company Phone: (\_\_\_\_) \_\_\_\_\_ Your Extension: \_\_\_\_\_ FAX #: (\_\_\_\_) \_\_\_\_\_

8. Home Address: \_\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Home Fax and/or Pager Number: (\_\_\_\_) \_\_\_\_\_

9. Would you like your personal phone number displayed on your listings: Y/N. If Yes: (\_\_\_\_) \_\_\_\_\_

10. E-mail address: \_\_\_\_\_ and/or Web Page \_\_\_\_\_

Please sign here, thereby giving EBRD permission to send important communication regarding the MLS to your email address above. EBRD will never sell or use this email address for any other purpose than to send important communication directly to you. Signature: \_\_\_\_\_

11. I would like any faxes sent to my: Home \_\_\_ Office \_\_\_ E-Mail \_\_\_ I would like my mail sent to my: Home \_\_\_ Office \_\_\_

12. Do you belong to an Association of REALTORS®

Yes \_\_\_\_\_ Association \_\_\_\_\_ Member # \_\_\_\_\_

- No Refund: I understand that if this application is canceled or withdrawn I will not be entitled to a refund.
- I understand I am required to submit a copy of my real estate license as a condition of subscribership.
- I acknowledge receipt of a copy of the Rules and Regulations of the EBRD MLS, and agree to abide by such Rules and Regulations as they exist and as they may from time-to-time be amended.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

(Agent)

I hereby certify that the above agent/broker is affiliated with me.

Broker Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

(MLS Participating Broker)

**Return completed and signed form to the Service Center selected by your Broker.**

**For Credit Card Payment Only**

I authorize EBRD to charge my credit card (below). I understand that:

- 1) Should my credit card company "decline" the request for payment, I will be assessed a \$25 fee and be contacted to arrange for an alternate form of payment.
- 2) More than one decline will cause EBRD to cancel this authorization.

MC/VISA Account # \_\_\_\_\_ Exp Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ Total \$ \_\_\_\_\_

(Signature) \_\_\_\_\_

Service Center Use Only

Agent Code \_\_\_\_\_ Office Code \_\_\_\_\_

10/5/2009

1000 Burnett Ave., Suite 250, Concord, CA 94520  
Tel: (925) 363-2330 Fax: (925) 687-7099 Website: www.ebrdi.com