Western Upstate Multiple Listing Service, Inc. Agent Application

Name		
First	Middle	Last
Preferred Name	License #	Type of License
Home Address	City	State/ZIP
Office Address	City	State/ZIP
Preferred Mail Sent To: <i>Check One</i> Preferred Phone: <i>Check One</i>	☐ Home ☐ Office ☐ Home ☐ Office	
Home Phone	Home Fax	Cell Phone
Office Phone	Office Fax	
E-Mail Address	Web Address	
Firm Name		
Primary Board or Association		
Preferred MLS Password: (username	e will be provided at the time of M	LS activation):
participation including payment of for and conditions as Association member arbitrate contractual disputes with other	ees. I further agree to be bound by bers including the obligation to subther REALTORS® in accordance vation of the Code of Ethics may resistrative processing fee which may	sulting termination of my MLS privileges
Marketing Consent:		
, <u>, , </u>	munications sent from Western Up	Idress(es), telephone number(s), and fax ostate Multiple Listing Service, Inc. via ns.
Signature		Date
Western Upstate Multiple Listing Se 600 McGee Road Anderson, SC 29625	ervice, Inc.	Phone: (864) 224-7941 Fax: (864) 224-7942