## SEPARATE TEAM NAME ACCESS FORM HEARTLAND MULTIPLE LISTING SERVICE, INC.

One Hallbrook Place, 11150 Overbrook Rd., Ste. 100, Leawood, KS 66211 **Phone:** 913-661-1600 **Email:** Membership@KCRAR.com

It is the obligation of the Participant (REALTOR® Broker Member) to have this form completed in full for each Team requesting an access for use by the Team members. Each team member must already be a member of Kansas City Regional Association of Realtors and Heartland MLS. There will be no password associated with this User ID. Please Note: Team names must end with the word "Team" or "Group" and must be 14 characters or less. Requested team name is subject to modification for use in the MLS system.

PLEASE PRINT

Expiration date		NE ***
Expiration data		
Number:		
Please charge my   Uisa	☐ Mastercard ☐ Discover ☐ America	an Express
Check/cash/money order er	nclosed/attached	
Note: Payment for \$25.00 Tech. Fee a	and quarterly HMLS fees (\$90.00) must be include	ed with Access Form in order to process.
אזוכe Name:		Office Code:
(Broker)		000
Participant Signature:		Date:
Responsible Team Member)		Date:
is User ID. I understand that be service. I acknowledge that nd Regulations of the Heartlar	t I am responsible for any fees charged access to and use of MLS information and MLS as may be amended from time	
		esponsible party for the Team listed above
Please list each team member:		Team Member User ID:
Team E -Mail Address:	L	
(Will appear on Listings & Reports)		
Contact #:	Main Real Estate Office Ph#:	Main Real Estate Office Fax #:
Team Name (As You Wish It To Appear In MLS):		Effective Date: