

Rockbridge Multiple Listing Service

205 South Main Street • P.O. Box 797

Lexington, VA 24450

Phone: 540-464-4700 Fax: 540-464-4600

MLS User Application

(\$50 Application Fee)

Agent's Name: _____ SS# _____

Address: _____

City, State, ZIP: _____

Phone: _____ Fax: _____

Email: _____

Agent is a member of the _____ Association of REALTORS. *(A letter of good standing from agent's primary REALTOR association must accompany this application if agent is not a member of the Lexington-Buena Vista-Rockbridge Association of REALTORS).*

Broker's Certification:

I understand the RMLS operates in accordance with NAR approved Rules and Regulations, a copy of which has been furnished me. I understand and accept my responsibility for compliance within the Rules and Regulations by all licensees with this firm and accept **personal responsibility** for the payment of services provided hereunder, specifically with the provisions of Section 7, Compliance with Rules which holds me responsible for all RMLS fees and assessments and applicable late fees and/or collection cost, if required, for my firm.

Broker's Name (print): _____

Broker's Signature: _____

Firm Name: _____

Firm Address: _____

For Office Use Only

App rec'd _____ Ck # _____ Entered: _____

User Name _____ Password _____