Team Access Account Set-up/Changes

The Connecticut Statewide MLS SERVICE CENTER

❒ New ❒ Revised

Office Name: _____ **Office Code:** _____

Name of team: _____

Contact Info:

Office Phone Number: (_____) _____-_____ *Office Fax:* (_____) _____-_____

Other Phone Number: (_____) _____-_____

Team Email Address: _____

Names of team Subscribers (First Name and Last Name) with their User ID's:

1. **Name:** _____ **User ID:** _____
   (Team Leader)
2. **Name:** _____ **User ID:** _____
3. **Name:** _____ **User ID:** _____
4. **Name:** _____ **User ID:** _____

Check #: _____ **Name on Check:** _____

Please make all checks payable to CTMLS* **Payment amount: $_____

Type of Card: ❒American Express ❒Discover ❒MasterCard ❒Visa

Credit Card Number: _____

Name on Credit Card: _____

Expiration Date: _____/_____ **Payment Amount ($):** $_____

_____ _____/_____/_____
Signature *Date*

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Please have each Team Member sign below:

1. _____ **3.** _____

2. _____ **4.** _____

Broker's Signature: _____ *Date:* ____/____/____

**All team members must have an individual user ID and password which will be billed on a semi annual basis in the amount of $157.56. The Team Leader is also responsible for the $157.56 semi-annual Team ID. This is a billable user class.*

❒ **TM Team Access**
This is a billable user class

For office use only!

The foregoing Team has been approved by CTMLS and is assigned:

Team ID: _____

Assigned Service Center: _____ Date: ___/___/___
(Signature)

CTMLS: _____ Date: ___/___/___
(Signature)