

**SANDICOR, Inc.**  
**ADDITIONAL ACCESS Application**

**Agent Information:**

Agent Name \_\_\_\_\_  
Print Name as it appears on DRE License

Agent # \_\_\_\_\_  
(Service Center Use)

Residence Address \_\_\_\_\_  
Address Apt. #  
\_\_\_\_\_  
City State Zip

Agent Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Will appear in listings and directory)

DRE License # \_\_\_\_\_ Social Security # \_\_\_\_\_

Email Address: \_\_\_\_\_

**Office Information:**

Firm Name (dba) \_\_\_\_\_ Firm # \_\_\_\_\_

Office Address \_\_\_\_\_  
Address Suite #  
\_\_\_\_\_  
City State Zip

Telephone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

- 1) I have received and agree to abide by the Rules and Regulations and all administrative policies. I will observe these Rules with such amendments as may be made hereafter as long as I remain a Subscriber.
- 2) I agree to pay the recurring quarterly participation fee.

\_\_\_\_\_  
Agent Signature certifying the above to be true and correct Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

The above licensee is affiliated with my office. This authorizes his/her access to the SANDICOR, Inc. Multiple Listing Service. Further I understand that I am responsible for the agent's use or misuse of the service in accordance with the Rules and Regulations.

\_\_\_\_\_  
Broker of Record Signature Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
New affiliation requests must be accompanied by a \$25 Affiliation Fee plus the required Service Fee.