



1136 12th Avenue, Suite 200, Honolulu, HI 96816-3796
 Phone: (808) 732-3000 • Fax: (808) 732-3055 • <http://www.hicentralmls.com>

MLS CONFIDENTIALITY AGREEMENT AND TERMS OF USE (MLS SUBSCRIBER'S PERSONAL ASSISTANT)

HiCentral MLS, Ltd. is pleased to offer limited MLS system access to eligible Personal Assistants (Employee of agent listed below). The purpose of this agreement is to prevent unlawful access or use of HiCentral MLS, Ltd. data.

PERSONAL ASSISTANT
 (Employee of agent(s) listed below)

Call for pricing

Data Access
 Edit Media
 Edit Open House
 Change Password
 Add/Edit
 (Listings of agent listed below only)

ASSISTANT'S NAME: _____ HBR MEMBER #: _____
(Legal Name) (if applicable, previous MLS ID #, otherwise leave blank)

ASSISTANT'S CONTACT # : _____ E-MAIL ADDRESS: _____

MLS PARTICIPANT'S (PB/BIC) NAME: _____ HBR MEMBER #: _____

FIRM NAME: _____

FIRM #: _____ MLS FIRM CODE: _____ FIRM PHONE #: _____

PLEASE LIST ANY/ALL AGENT(S) FOR WHOM YOU ENTER MLS DATA:

FIRST NAME	LAST NAME	OFFICE LOCATION

PERSONAL ASSISTANT'S AGREEMENT

- I agree that as a condition of having access to the HiCentral MLS, Ltd. MLS system, I will abide by all HiCentral MLS, Ltd. MLS Rules and Regulations and other obligations of participation.
- I must be an unlicensed paid employee of the MLS Subscriber named in this agreement.
- I will not be allowed access to HiCentral MLS, Ltd. MLS should I terminate my employment with the firm under which the assistant access was given.
- **MLS system access will be effective upon completion of HiCentral MLS, Ltd. mandatory MLS training.**
- The assigned password is confidential and may not be used by any other person.
- Should I be found in violation of this agreement or any of the HiCentral MLS, Ltd. MLS Rules and Regulations, the MLS Subscriber may be held responsible, and subject to disciplinary action pursuant to the MLS Rules & Regulations.

MLS SUBSCRIBER'S AGREEMENT (AGENT)

- By allowing the below-signed assistant permission to access the HiCentral MLS, Ltd. MLS, I am responsible for this assistant's actions.
- Should the below-signed assistant be found in violation of this agreement or the MLS Rules and Regulations, I will be held responsible for their actions, which may result in termination of my MLS participant access.
- Should this individual become a licensed real estate agent, I have 30 days from the license date to notify the Honolulu Board of REALTORS® of this change. In addition, should this assistant's employment be terminated, I will immediately notify the Honolulu Board of REALTORS®.
- **MLS limited access login and password for this assistant will be administered only after successful completion of the HBR mandatory training session and receipt of this signed agreement.**
- Proof of the below-signed assistant's employment with me may be required by HBR in order to provide access to HiCentral MLS, Ltd. MLS.

As an MLS Subscriber affiliated with the above noted firm, I request that the assistant named in this agreement be issued access to HiCentral MLS, Ltd. MLS as a Personal Office Assistant.

**THE MLS SUBSCRIBER AND MLS SUBSCRIBER'S PERSONAL ASSISTANT
EACH HAVE EXECUTED THIS AGREEMENT AS OF THE DATE SET FORTH BELOW.**

MLS PARTICIPANT (PB/BIC) SIGNATURE	PRINT NAME	DATE
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MLS SUBSCRIBER (AGENT) SIGNATURE	PRINT NAME	DATE
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ASSISTANT'S SIGNATURE	PRINT NAME	DATE
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TERMINATE ASSISTANT ACCESS

I WISH TO TERMINATE MY ASSISTANT'S ACCESS AS OF _____, 20____.

MLS PARTICIPANT (PB/BIC) SIGNATURE	PRINT NAME	DATE
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HiCentral MLS, Ltd.

1136 12th Ave, Suite 200, Honolulu, HI 96816 Ph: 808.791.3789
http://www.hicentralmls.com • admin@hicentralmls.com

CREDIT CARD PAYMENT FORM

PLEASE FAX PAYMENT FORM TO FAX # 683-7038

DATE: _____

MEMBER INFORMATION

LAST NAME, FIRST NAME, MIDDLE NAME

HBR MEMBER NUMBER

MAILING ADDRESS

CITY

STATE

ZIP CODE

PAYMENT TYPE:

MLS RECIPROCAL

RETS FULL [BILL MONTHLY TO OFFICE]

RETS ACTIVE-ONLY

RETS FULL [BILL MONTHLY TO AGENT]

MLS ASSISTANTS

OTHER: _____

METHOD OF PAYMENT

VISA

MASTER CARD

AMEX

DISCOVER

NAME:

(as appears on card)

CARD NUMBER:

EXPIRE DATE:

PAYMENT AMOUNT:

* SECURITY CODE:

* Last 3 digits located in the back of your card

CREDIT CARD BILLING ADDRESS

BILLING ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

FAX NUMBER

E-MAIL

NAME (PRINT):

NAME (SIGNATURE):

SPECIAL INSTRUCTIONS/NOTES:

OFFICE USE ONLY

FAX OR MAIL RECEIPT

DATE FAXED/MAILED: _____

DATE PROCESSED: _____

RECEIVED BY: _____