



1136 12<sup>th</sup> 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
_____ MLS SUBSCRIBER (AGENT) SIGNATURE	_____ PRINT NAME	_____ DATE
_____ ASSISTANT'S SIGNATURE	_____ PRINT NAME	_____ DATE

---

### ☐ **TERMINATE ASSISTANT ACCESS**

I WISH TO TERMINATE MY ASSISTANT'S ACCESS AS OF \_\_\_\_\_, 20\_\_\_\_.

_____ MLS PARTICIPANT (PB/BIC) SIGNATURE	_____ PRINT NAME	_____ DATE
---	---------------------	---------------



# 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: \_\_\_\_\_