

REALTORS[®] Association of Franklin & Gulf Counties, Inc.

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Assistants MLS Access Application*

PLEASE PRINT

Name: _____
 First Middle Last

Nickname: (if applicable) _____

Office Name: _____

Office License #: _____

Office Address: _____

Phone: _____ Fax: _____

Cell Phone: _____

E-Mail: _____

Assistant To: _____

I request the following Password: _____
(Up to 8 Characters)

Access Level: Office Company Named Agent Only

Assistant: _____ Date: _____
 Signature

Agent: _____ Date: _____
 Signature

As the Designated Broker, I understand that I am directly responsible for the accuracy of all information entered into the MLS system by any assistant.

Broker: _____ Date: _____
 Signature

***Application will not be processed unless completed entirely.**