

COMPARABLE ACCESS APPLICATION FORM

Revised 3/6/2020

Please complete this form and fax to (508) 845-2434, or mail to the address below. If you have any questions, please contact MLS PIN Membership at 800-695-3000 option 3.

Name (Last, First, I.):	
Office Name:	
Office Address:	
Office City, State, Zip:	
Office Phone: ()Office Fax: ())
Mailing Address (if different):	
Mailing City, State, Zip:	
Email Address:	
(New subscribers will receive their ID # and password emailed to this address)	
I, hereby apply for Compar	rable Access to MLS Property Infor-
mation Network, Inc. The fee is \$81.00 per month billed quarterly in advance.	
Comparable Access is available to real estate professionals who are actively engment, mortgage financing, appraising, land development, or building. Please list vided:	t your type of business in the space pro-
I agree that I will abide by the MLS Property Information Network policies and R time adopted or amended.	ules and Regulations as from time to
Signature	Date
Print Name	For MLS PIN Office Use Only:
	Agent ID:
PLEASE ALLOW 24-48 HOURS FOR ALL CHANGES TO BE PROCESSED.	Office ID: