

SANDICOR, Inc.
ADDITIONAL ACCESS Application

Broker Information:

Broker Name _____
Print Name as it appears on DRE License

ID # _____
(Service Center Use)

Residence Address _____
Address Apt. #

City State Zip

Broker Phone # (____) _____ - _____ (Will appear in listings and directory)

CalBRE 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.

Broker 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.