



MLSLISTINGS SCHEDULE OF FEES

(FOR INTERNAL USE ONLY)
MAS 90 #: _____

DATE: _____ SERVICE CENTER: _____ PREPARED BY: _____

ALL ITEMS WITH AN (*) ARE REQUIRED

*LICENSE NAME: _____
 Prefix First Middle Last Suffix
 *OFFICE NAME: _____
 *DRE/APPRaiser LICENSE #: _____ *BROKER CODE AND BRANCH #: _____

		PRICE	X	QTY	=	SUBTOTAL
MLS ACCESS (MLS FEES ARE NON-REFUNDABLE)	MLS INITIATION FEE: PARTICIPANT (BROKER)	\$ 300	X	_____	=	_____
	SUBSCRIBER (AGENT)	\$ 150	X	_____	=	_____
	UPGRADE TO BROKER	\$ 150	X	_____	=	_____
	MLS ACCESS FEES: ANNUAL (\$48 X 12 MONTHS)	\$ 576	X	_____	=	_____
	(SELECT ONE) SEMI-ANNUAL (\$54 X 6 MONTHS)	\$ 324	X	_____	=	_____
	QUARTERLY (\$60 X 3 MONTHS)	\$ 180	X	_____	=	_____
	OTHER MLS FEES: MLS LATE FEE – 5 DAYS PAST INVOICE DUE DATE	\$ 20	X	_____	=	_____
	REINSTATEMENT FEE – 15 DAYS PAST INVOICE DUE DATE	\$ 90	X	_____	=	_____
	SECONDARY BROKER CODE	\$ 150	X	_____	=	_____
	CLERICAL ASSISTANT (ANNUAL FEE PER SEAT)	\$ 50	X	_____	=	_____
OTHER MLS FEES _____	\$ _____	X	_____	=	_____	
TOTAL MLS FEES:						_____
PREMIUM SERVICES	HOMEWORKS SUBSCRIPTION FEES:					
	6 MONTH (\$23.00 X 6)	\$ 138	X	_____	=	_____
	REPLACEMENT CD	\$ 25	X	_____	=	_____
	CMA SUBSCRIPTION 6 MONTH (\$11.00 X 6)	\$ 66	X	_____	=	_____
	CMA SUBSCRIPTION 12 MONTH (\$9.00 X 12)	\$ 108	X	_____	=	_____
	SUBSCRIPTION SUBTOTAL: = _____					
SALES TAX: = _____						
SHIPPING: = \$ 5.00						
TOTAL SUBSCRIPTION FEE:						_____
COMPLIANCE	CITATION FEE	\$ _____	X	_____	=	_____
	HEARING FEE	\$ _____	X	_____	=	_____
	ARBITRATION FEE	\$ _____	X	_____	=	_____
	SUBPOENAS FEE	\$ _____	X	_____	=	_____
	OTHER FEE _____	\$ _____	X	_____	=	_____
CITATION #: _____ MLS#: _____ CASE #: _____	TOTAL COMPLIANCE					_____
CUSTOMER SERVICE	RECIPROCAL LISTING FEE	\$ 50	X	_____	=	_____
	MULTI-CLASS LISTING FEE	\$ 25	X	_____	=	_____
	LISTING INPUT FEE	\$ 40	X	_____	=	_____
	CO-LISTING FEE	\$ 40	X	_____	=	_____
MLS #: _____	TOTAL CUSTOMER SERVICE					_____
GRAND TOTAL:						_____

(PAYMENT BY CHECK PREFERRED) () VISA () MASTERCARD () CHECK/ M.O. CHECK/ M.O. #: _____
 CREDIT CARD #: _____ EXP. DATE: _____
 CARDHOLDER'S ADDRESS: _____
 Street City State Zip Code
 CARDHOLDER'S NAME: _____
 CARDHOLDER'S SIGNATURE: _____ DATE: _____