



1136 12th Avenue, Suite 200, Honolulu, HI 96816-3796  
Phone: (808) 791-3789 • Fax: (808) 683-7038 • http://www.hicentralmls.com

## MLS CONFIDENTIALITY AGREEMENT AND TERMS OF USE (PB ASSISTANT/OFFICE ASSISTANT)

HiCentral MLS, Ltd. is pleased to offer limited MLS system access to eligible Principal Broker Assistants and Office Assistants. The purpose of this agreement is to prevent unlawful access or use of HiCentral MLS, Ltd. data.

### ASSISTANT ACCESS LEVEL AVAILABLE

<input type="checkbox"/>	<b><u>PB ASSISTANT</u></b>
	<b><u>CALL FOR PRICING</u></b>
	Data Access
	Edit Media
	Edit Open House
	Add/Edit ( <i>Firm Listings</i> )

OR

<input type="checkbox"/>	<b><u>OFFICE ASSISTANT</u></b>
	<b><u>CALL FOR PRICING</u></b>
	Data Access
	Edit Media
	Edit Open House
	Add/Edit ( <i>Branch Listings Only</i> )

ASSISTANT'S NAME: \_\_\_\_\_ HBR MEMBER #: \_\_\_\_\_  
(Legal Name) (If applicable, previous MLS ID #, otherwise leave blank)

Have you ever had MLS Access before?  Yes  No If YES, please fill the HBR Member # field above.

ASSISTANT'S CONTACT #: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

MLS PARTICIPANT'S (PB/BIC) NAME: \_\_\_\_\_ HBR MEMBER #: \_\_\_\_\_

FIRM NAME: \_\_\_\_\_ FIRM PHONE #: \_\_\_\_\_

### TERMINATE ASSISTANT ACCESS

Effective immediately, I am notifying the HiCentral MLS, Ltd. of the termination of service for the above assistant, in terms of the MLS Participant's Agreement (PB/BIC).

\_\_\_\_\_  
MLS PARTICIPANT (PB/BIC) SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

## ASSISTANT'S AGREEMENT

- I agree that as a condition of having access to the HiCentral MLS, Ltd. 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 firm.
- 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, my PB/BIC may be held responsible, which could result in termination of said PB's/BIC's MLS participation.

## MLS PARTICIPANT'S AGREEMENT (PB/BIC)

- By allowing the below-signed assistant permission to access the HiCentral MLS, Ltd. MLS system, 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®.
- **For your Assistant to be most effective and efficient in the MLS system, we HIGHLY recommend for them to attend a FREE Matrix MLS classroom or webinar training.**
- Proof of the below-signed assistant's employment with my firm may be required by HBR in order to provide access to HiCentral MLS, Ltd. MLS.

As a PB/BIC for the above noted firm, I request that the assistant named in this agreement be issued the access for which I have indicated. *(See page one for access descriptions)*

I affirm that the level of MLS access requested for this assistant is appropriate to their position within the firm.

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**THE ASSISTANT AND THE ASSISTANT'S PB/BIC  
EACH HAVE EXECUTED THIS AGREEMENT AS OF THE DATE SET FORTH BELOW.**

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MLS PARTICIPANT (PB/BIC) SIGNATURE

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DATE

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ASSISTANT'S SIGNATURE

---

DATE



# HiCentral MLS, Ltd.

1136 12th Ave, Suite 200, Honolulu, HI 96816 Ph: 808.791.3789  
http://www.hicentralmls.com • techsupport@hicentralmls.com

## CREDIT CARD PAYMENT FORM FAX FORM TO 683-7038

DATE: \_\_\_\_\_

### MEMBER INFORMATION

\_\_\_\_\_  
LAST NAME                      FIRST NAME                      MIDDLE NAME                      HBR MEMBER #

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CITY                                      STATE                                      ZIP CODE

SELECT A SERVICE(S):     MLS RECIPROCAL     DATA SERVICES  
    MLS ASSISTANTS     OTHER: \_\_\_\_\_

### METHOD OF PAYMENT

VISA     MASTER CARD     AMEX     DISCOVER

NAME: \_\_\_\_\_  
(as appears on card)

CARD NUMBER: \_\_\_\_\_

EXPIRE DATE: \_\_\_\_\_                      PAYMENT AMOUNT: \$ \_\_\_\_\_

### CREDIT CARD BILLING ADDRESS

\_\_\_\_\_  
BILLING ADDRESS

\_\_\_\_\_  
CITY                                      STATE                                      ZIP CODE

\_\_\_\_\_  
PHONE NUMBER                      FAX NUMBER                      E-MAIL

NAME (PRINT): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

### SPECIAL INSTRUCTIONS/NOTES:

### OFFICE USE ONLY

FAX OR MAIL RECEIPT                      DATE FAXED/MAILED: \_\_\_\_\_                      DATE PROCESSED: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_