



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 (MLS SUBSCRIBER'S PERSONAL ASSISTANT)

HiCentral MLS, Ltd. is pleased to offer limited MLS system access to eligible Personal Assistants (Employee of agent listed below). The purpose of this agreement is to prevent unlawful access or use of HiCentral MLS, Ltd. data.

<p align="center"><u>PERSONAL ASSISTANT</u> (Employee of agent listed below)</p> <p align="center"><u>CALL FOR PRICING</u></p> <p align="center">Data Access Edit Media Edit Open House Add/Edit</p> <p align="center"><i>(Listings of agent listed below only)</i></p>

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 #: _____

MLS SUBSCRIBER'S (AGENT) 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 Subscriber's Agreement (AGENT).

MLS PARTICIPANT (PB/BIC) SIGNATURE

PRINT NAME

DATE

PERSONAL ASSISTANT'S AGREEMENT

- I agree that as a condition of having access to the HiCentral MLS, Ltd. MLS 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 MLS Subscriber named in this agreement.
- 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, the MLS Subscriber may be held responsible, and subject to disciplinary action pursuant to the MLS Rules & Regulations.

MLS SUBSCRIBER'S AGREEMENT (AGENT)

- By allowing the below-signed assistant permission to access the HiCentral MLS, Ltd. MLS, 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 me may be required by HBR in order to provide access to HiCentral MLS, Ltd. MLS.

As an MLS Subscriber affiliated with the above noted firm, I request that the assistant named in this agreement be issued access to HiCentral MLS, Ltd. MLS as a Personal Office Assistant.

**THE MLS SUBSCRIBER AND MLS SUBSCRIBER'S PERSONAL ASSISTANT
EACH HAVE EXECUTED THIS AGREEMENT AS OF THE DATE SET FORTH BELOW.**

MLS PARTICIPANT (PB/BIC) SIGNATURE	PRINT NAME	DATE
MLS SUBSCRIBER (AGENT) SIGNATURE	PRINT NAME	DATE
ASSISTANT'S SIGNATURE	PRINT NAME	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: _____