## **Co-Operating Key Agreement**

Piedmont Regional Multiple Listing Service Inc.

Phone: 803-329-2028 Fax 803-3	329-0405 Email: mls@piedmontregionalhomes.com
Please provide the following information:	
Agent Name	
Firm Name:	Firm Phone:
Firm Mailing Address:	Firm Fax:
Firm City/ State / Zip	Cell Phone:
Email Address:	
South Carolina Real Estate License Number	
Please read the following info	rmation carefully; you are signing an affidavit.
In return for the privilege of having my Supra locl REALTOR Association and the Piedmont Regiona key use:	kbox key active in the areas covered by both the Charlotte Regional l Association of REALTORS <sup>®</sup> , I will abide by these rules regarding
<ul> <li>I will always leave a business card at the pro</li> <li>I will follow agency laws as required by stat</li> <li>I understand that if I do not sign this agreem privileges in the cooperating county's Supra</li> </ul>	subject to the laws of my state regarding payment of commissions. operty. te law. nent or found to be in violation of these terms, I will lose my a system. ng of a grievance or arbitration, I agree to abide by the Rules and
I further acknowledge that I have an active real estat	te license in the state of South Carolina.
ActiveKEY E-Key Display-Key Key (check one)	Serial# Key Pin#
Signature	Date
There is a <b>yearly \$50.00 fee</b> to activate your information below. We accept <b>MASTER CARD</b>	key. You may pay by credit card by entering your credit card & VISA.
Name on card	Cardholder signature:
Card Number	Expiration Date
Security Code (from back of card)	Credit Card Billing Zip Code:
Billing Address of card	