



For MLS Use Only

Member Num. _____

Office Num. _____

MetroList Services, Inc. Clerical User Change Form

Fax When Complete To An Admin Center	El Dorado (530) 676-0180 Lodi (209) 368-8289 MetroList Main Office (916) 922-1835 Modesto (209) 549-7079	Placer (916) 624-8023 Sacramento (916) 922-1221 Stockton (209) 954-4196 Yolo (530) 666-7444																			
Current Information Required	First Name _____ Middle Initial _____ Last Name _____ Office Name _____ MLS Office ID _____ Office Address _____ City _____ State <u>CA</u> Zip Code + Four _____ - _____ Responsible Participant/Subscriber _____																				
Type of Change	<input type="radio"/> Change of office or broker AND/OR <input type="radio"/> Change of Participant/Subscriber responsible for Billing																				
New Office Affiliation and/or Responsible Participant/Subscriber	<p><i>*If changing Brokerage, CU may be subject to a Background Check (additional fee and service interruption)*</i></p> Office Name _____ MLS Office ID _____ Office Address _____ City _____ State <u>CA</u> Zip Code + Four _____ - _____ Office Phone _____ - _____ Office Fax _____ - _____ <p>The following Participant/Subscriber will be taking responsibility for my MetroList Billing:</p> Participant/Subscriber Name _____ Participant/Subscriber MLS ID _____																				
Signatures	<table style="width: 100%; border: none;"> <tr> <td style="width: 40%; border: none;">_____</td> <td style="width: 30%; border: none;">_____</td> <td style="width: 30%; border: none;">_____/_____/_____</td> </tr> <tr> <td style="border: none;">Clerical User Signature</td> <td style="border: none;">Print Clerical User Name</td> <td style="border: none;">Date</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> <td style="border: none;">_____/_____/_____</td> </tr> <tr> <td style="border: none;">Responsible Participant/Subscriber Signature (Only if changing "Billing")</td> <td style="border: none;">Print Participant/Subscriber Name</td> <td style="border: none;">Date</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> <td style="border: none;">_____/_____/_____</td> </tr> <tr> <td style="border: none;">Participant Signature (Only if changing broker/office)</td> <td style="border: none;">Print Participant Name</td> <td style="border: none;">Date</td> </tr> </table>			_____	_____	_____/_____/_____	Clerical User Signature	Print Clerical User Name	Date	_____	_____	_____/_____/_____	Responsible Participant/Subscriber Signature (Only if changing "Billing")	Print Participant/Subscriber Name	Date	_____	_____	_____/_____/_____	Participant Signature (Only if changing broker/office)	Print Participant Name	Date
_____	_____	_____/_____/_____																			
Clerical User Signature	Print Clerical User Name	Date																			
_____	_____	_____/_____/_____																			
Responsible Participant/Subscriber Signature (Only if changing "Billing")	Print Participant/Subscriber Name	Date																			
_____	_____	_____/_____/_____																			
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