

Regional MLS, Inc.
4400 PGA Boulevard, Suite # 700
Palm Beach Gardens, FL 33410
561-627-4548 • Fax: [MongoFax](#)
Accounting email: Prof.Services@rmlsfl.com

FOR RMLS USE ONLY

Login / ID: _____

Accounts Payable/Office Manager Authorization

(THIS AUTHORIZATION IS FOR INVOICE REVIEW AND PAYMENT. IT DOES NOT GRANT ACCESS TO THE MLS DATABASE.

If the authorized person is already a subscriber, this will grant them access to the office's billing information. They will receive a separate log in ID and password)

SECTION 1. NAME

Active subscriber with Regional MLS? ___no ___yes MLS ID _____

First _____ Last _____ Middle Initial _____ Nickname _____
Male _____ Female _____ Password for billing system _____
(may match 4 digit MLX / Supra PIN 2-8 characters only)

SECTION 2. OFFICE INFORMATION

Office MLS ID _____ Office Name _____

Office Address _____

Office Phone (include area codes) _____ Office Fax _____

SECTION 3. INDIVIDUAL INFORMATION

Home Address _____

City _____ State _____ Zip _____

Email Address _____ Contact Phone Number _____

SECTION 4. BROKER CERTIFICATION

As the Designated Broker of this company, I certify that this firm employs this person and I authorize them to have access to the office's account information. I will notify the MLS when this employee is no longer working at this firm so that the login and password will be inactivated.

Broker Signature

Date

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