

888-380-8833

Long Island

CENTRALIZED SHOWING SERVICE

INDIVIDUAL ENROLLMENT AGREEMENT

Agent Name:	MLS Agent ID:	Date:
Mailing Address:		
Phone:	Fax:	
Office Name:	MLS Office ID:	
E-mail Address:		

Please select a plan.

<input type="checkbox"/> Listing Plan	\$25.00 per Listing, <small>One time fee for the life of the listing.</small> \$25.00 One Time Enrollment Fee
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SPECIAL TERMS

One Time Enrollment Fee Waived for any agent enrolling prior to March 31, 2014.

Terms and Conditions

A statement will be mailed to the office between the 1st and 5th of each month. Invoices will be paid by the office, not the individual agent. A late fee of 10% of the previous balance will be added to the next billing statement if payment is not made by the due date on the invoice. If a credit card is declined or otherwise unable to be billed for more than one billing period, the card will be removed from the CSS system and service will be suspended until payment is made and a new credit card is provided. If an account is delinquent for 30 days, service will be suspended and turned over for collection. Billing questions should be directed to our billing office at 888-570-1151. Monthly agent fees will be prorated from the date of enrollment. Fees may be revised with 30 days notice. The participating individual agrees to subscribe to the Centralized Showing Service, Inc. for a minimum of 3 months. Termination of this agreement must be done in writing with 30-day notice. After receiving your enrollment form, a new member packet will be faxed or emailed to you. The above-signed REALTOR agrees to protect, defend, indemnify and hold Centralized Showing Service, Inc. and its associates harmless from any damages or claims arising from authorizing access to the above-signed agent's listed properties, including, but not limited to, damages to or loss of real property or personal injury not caused by Centralized Showing Service, Inc. negligence. Centralized Showing Service, Inc. reserves the right to modify these terms and conditions at any time.

Individual Plan Change Policy: Customer may change to a different plan once over a 12 month period. Once a plan is changed, the new plan will remain in effect for 1 year from the date of the change.

Contact: **Kathleen Shea**
 Phone: 866-374-4CSS (4277)
 Fax: 888-380-4443
 Email: kathleens@showings.com
 Prices good through: 4/10/2014

Signature

I hereby agree to the Terms and Conditions included in this Membership Agreement.
 I authorize fees for Membership to be billed to the credit card provided.

Please fax completed form to 888-380-4443.

Scheduling Over 20 Million Showings a Year!

SHOWINGS.com