



REACTIVATION FORM

Subscriber Details

Name: _____

Member User ID: _____

Email: _____

Cell: _____ Agent Web URL: _____

Office Details

Name of Firm: _____ Office code: _____

Complete Office Address: _____

Office Phone: _____ Office Fax: _____

Payment Information

Would you like to sign up for AutoPay? Yes No

Type of Card: American Express Discover Mastercard Visa

Name on Credit Card: _____

Credit Card Number: _____

Expiration Date: _____ Payment Amount: \$ _____

**Payment is required before access to SmartMLS can be reinstated. By providing my credit card information I authorize SmartMLS to charge my account one time for the applicable subscriber fee. Upon successful completion of this transaction an electronic receipt will be emailed to the Subscribers primary email address.*

Signature of Subscriber: _____ Date: _____
(Agent)

Participants/Broker Name: _____

Signature of Participant: _____ Date: _____
(Broker)