



Payment Authorization for Recip Listings Only Form

Please complete this form only if you are reciprocating a listing to the following MLS'. **California Desert AOR, CLAW, I-tech, Socal MLS and South Bay AOR.**

Date: _____

Address of the Property: _____

City: _____ Zip Code: _____

Listing Agent Name: _____ Phone #: _____

Office Name: _____

Listing Fee \$25.00 (includes one photo)

Listing fee includes 1st *Photo	\$25.00
_____ # of Additional *Photos @ \$5.00 \$ _____	= \$ _____

Type of Credit Card: VISA [] M/C [] AM EXP [] OPTIMA []

Card # _____ Exp. Date _____

Name as it appears on Card _____

I authorize the Association to charge my credit/ATM Card indicated above for my listing. Please make all checks payable to Tricounties.

Signature _____

PHOTOS?

E-mail photo(s) to TricoPhotos@rPartner.net. Please be sure to type in the subject line the listing address or the listing number if you have it.

Photos are attached to this form by Disk, Print or Photo Prints (if you are bringing the photos in person).

***Preferred Fax Number:** _____
Please provide a fax number in case we have questions or your listing is incomplete, thank you!

***Contact Phone Number:** _____
Please provide a phone number in case we have questions or your listing is incomplete, thank you!

Please fax this form along with the reciprocal input listing form to **(909) 594-7156** Attn. MLS Department and if you have any questions about this form please contact us at (909) 594-5992.

Thank you!