



## 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)**

<b>Listing fee includes 1<sup>st</sup> *Photo</b>	<b>\$25.00</b>
_____ # 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](mailto: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!