



# TEAM CODE REQUEST FORM

Please fill out below information and have it signed by the Designated Broker of the office. There is a monthly charge of \$15.00 and one-time Activation fee of \$100.00 that will be billed to the office under the Team ID unless a MLS Direct Pay form is submitted. This form can be faxed to 401-941-5320 or e-mailed to [membership@riliving.com](mailto:membership@riliving.com)

Team Name: \_\_\_\_\_

Team Leader: \_\_\_\_\_ MLS ID: \_\_\_\_\_

Team Phone#: \_\_\_\_\_

Team Email: \_\_\_\_\_

**SUBSCRIBER’S AGREEMENT TO BE BOUND:** Subscriber (Team Leader and Team Members) agrees that in utilizing the service of State-Wide MLS, Inc. in any manner will comply with the Rules and Regulations and the policies of State-Wide MLS as established or as amended from time to time to the Subscriber on the MLS website – [www.statewidemls.com](http://www.statewidemls.com).

**CONFIDENTIALITY OF MLS INFORMATION:** A Subscriber's right to utilize information is limited to those activities authorized to the Participant's office with which said Subscriber is affiliated; said information shall not be used or made available to any non-MLS individuals or firms, nor be used by the Subscriber for any real estate activity outside of the Participant's office. These are deemed to be unauthorized uses.

**SUBSCRIBERS DUTIES:** Subscriber understands and agrees that use of information developed by or published by Service is strictly limited to the activities authorized under a Participant's license(s) and unauthorized uses are prohibited.

Please note that there is a \$1,000 fine for providing your confidential login credentials to a non-member. All Team Members (including Administrators and assistants) **MUST** have an active individual MLS ID. Password is for team leader only and should not be given out to any other member of the team. All team members, administrators and assistants need to be added in Fusion by the Team Leader via Identity Sharing.

Please sign and date below indicating that you have read and understand this information.

\_\_\_\_\_  
SIGNATURE OF TEAM LEADER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF DESIGNATED BROKER

\_\_\_\_\_  
OFFICE NAME

\_\_\_\_\_  
OFFICE CODE



# TEAM CODE REQUEST FORM

Once the Team code is activated, the team leader must link all team members through Identity Sharing (Identity Sharing Instructions will be emailed to Team Leader). The below list is for State-Wide MLS records. If you have any questions about linking members of your team, please contact MLS Tech Support at 401-785-9898 option 3.

**Team Members**

**MLS ID**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____