



BONITA SPRINGS-ESTERO REALTORS®

SWFL MLS Reciprocal Agreement Form

Date: _____

Address of Listing: _____

Board/Association Name: _____

Listing Agent Name: _____ License #: _____

Phone: _____ Email: _____

Listing Office Name: _____

Listing Office Phone: _____

Listing Office Address: _____

Attached is my check or credit card information in the amount of \$200/listing, a copy of the listing agreement and completed profile sheet.

Verified by: _____

(Signature of Listing Agent's Managing Broker)

Name of Credit Card: _____ Billing Zip Code: _____

Card Number: _____ Exp Date: ____/____ CSV Code: _____