

MULTIPLE LISTING SERVICE OF ELKHART COUNTY, INC.
57225 Alpha Drive
Goshen, IN 46528
www.ecbor.com

AFFILIATE eKEY SERVICE APPLICATION

INDIVIDUAL NAME: _____

NAME OF BUSINESS: _____

BUSINESS ADDRESS: _____
Street City State Zip

OFFICE PHONE: _____ Cell Phone: _____

EMAIL ADDRESS: _____ WEBSITE: _____

Please answer the following questions:

1. Are you an Affiliate Member of the Elkhart County Board of REALTORS®? ___Yes ___No
Or, are you in the process of making application? ___Yes ___No

2. Are you an Affiliate member with any other Board? Yes ___ No ___
If Yes; Name of Board: _____

3. Do you intend to use your Key Service provided by another Board ___Yes ___No

4. Are you insured? ___Yes ___No Bonded? ___Yes ___No

Insurance Company: _____
Name Address Phone

Upon approval by the Multiple Listing Service of Elkhart County Board of Directors, I agree to sign the MLS Key Lease Agreement and abide by the Rules and Regulations set forth by that agreement. I understand and agree that by signing below I will be the only person authorized to use the Key Service. I attest, by signature below, the information provided above is true and correct.

I agree to submit the names of all employees or any individual who will be using the Key Service to open a Lock Box. Additional fees may apply. _____ Initial

Printed Name

Signature

Date