



REAL ESTATE INFORMATION NETWORK, INC.

MLXchange Listing Input Authorization Form

(Use this form for LICENSED Personnel ONLY)

FIRM NAME: _____ FIRM ID#: _____

Name: _____ REIN ID#: _____	
(Check only one box)	
<input type="checkbox"/> Principal Broker (PB)	<input type="checkbox"/> Agent – Personal Input Rights (AI)
<input type="checkbox"/> Managing Broker (MB)	<input type="checkbox"/> Property Manager – Firm Rights (PF)
<input type="checkbox"/> Agent – Office Input Rights (AO)	<input type="checkbox"/> Property Manager – Personal Input Rights (PI)
Name: _____ REIN ID#: _____	
(Check only one box)	
<input type="checkbox"/> Principal Broker (PB)	<input type="checkbox"/> Agent – Personal Input Rights (AI)
<input type="checkbox"/> Managing Broker (MB)	<input type="checkbox"/> Property Manager – Firm Rights (PF)
<input type="checkbox"/> Agent – Office Input Rights (AO)	<input type="checkbox"/> Property Manager – Personal Input Rights (PI)
Name: _____ REIN ID#: _____	
(Check only one box)	
<input type="checkbox"/> Principal Broker (PB)	<input type="checkbox"/> Agent – Personal Input Rights (AI)
<input type="checkbox"/> Managing Broker (MB)	<input type="checkbox"/> Property Manager – Firm Rights (PF)
<input type="checkbox"/> Agent – Office Input Rights (AO)	<input type="checkbox"/> Property Manager – Personal Input Rights (PI)

The above named individuals are **LICENSED** personnel with my firm and I hereby authorize them to be given listing input capabilities as noted, upon completion of the REIN Listing Input Training Class. I understand that authorizing listing input rights allows editing functions for my company’s listings. I therefore accept responsibility for any additions or changes input by the above named person(s).

Principal Broker/Managing Broker Printed Name

Principal Broker/Managing Broker Signature

Date: _____

Fax Completed Form to (757) 486-6728 or (757) 531-7913 for processing.