



South Central Kansas MLS

BROKER AUTHORIZATION FORM

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My signature below represents that I am the Broker/Member and I grant this authorization. This consent and authorization is subject to the terms and conditions contained in the Agreement between SCK MLS and **Constellation Web Solutions** for the licensing of Licensed Content and SCK MLS Rules and Regulations.

BROKER/COMPANY INFORMATION

Office/Company Name: _____

Street Address: _____

City, State, Zip: _____

Office Phone: _____

Broker Signature

Print Name: _____

Signed: _____

Date: _____

Agent Information:

Agent Name: _____

URL: (where Licensed
Content will be displayed) _____