PLN Only Participant Form

To gain access to the Private Listing Network (PLN) through Midwest Real Estate Data, LLC (MRED) & Heartland REALTOR® Organization (HRO)

Participant's Information:

Name: _____ License #: _____ State: ____

Cell Phone: _____ Do you want this phone number in the PLN? ☐ Yes ☐ No

Email:_____

Office Information:

Office Name: _____ Office Phone: _____

Address:_____ City: _____ State:____ Zip: _____

Position in Office: ☐ Agent OR ☐ Broker/Managing Broker – Are you the Responsible Member? ☐ Yes ☐ No

If yes, please also submit the **MRED/HRO Subscription Agreement & MLS Participant Verification Form** – View/Download PDF (initial service charge is waived)

REALTOR® Membership Information: (if applicable)

Name of Primary Association: _____ State:____

NAR Member ID (NRDS/M1 #): _____

Billing:

By signing below, you agree you are an actively licensed Real Estate Broker or Agent and that you agree to pay a **$50 setup fee**[1] **+ $60 per quarter**[2] to access MRED's Private Listing Network (PLN) through Heartland.

Signature: _____ Date: _____

Submit this form with a copy of your real estate license to info@HeartlandRO.com.

Setup fee + 1st quarter fees must be paid before access will be granted.

HEARTLAND REALTOR® ORGANIZATION
405 E Congress Pkwy, Suite A · Crystal Lake, IL 60014
(815) 459-0600 · info@HeartlandRO.com
www.HeartlandRO.realtor

[1]Waived for offices with 10+ participating agents.
[2]Credit/debit card must be provided for automatic payment.

Credit Card Participation Agreement – For Automatic Payment

I, hereby, authorize the Heartland REALTOR® Organization to automatically charge my credit or debit card listed below for [**CHECK ONE OR BOTH**]:

☐ Applicable MLS fees, Association dues/fees, and any other related charges, **on a recurring basis**, based on my selected billing cycle (monthly, quarterly, or annually)*

AND/OR

☐ $450 Application fee, or $50 Transfer fee, and other dues/fees owed at time of application

Name: _____ Heartland ID: _____
(IF UNKNOWN, LEAVE BLANK)

Name on Card: _____
(IF DIFFERENT)

Card #: _____–_____–_____–_____ Exp: _____/_____

Billing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Ph: _____

Signature: _____ Date: _____

* Terms: By selecting to be automatically charged, you are authorizing Heartland to charge your credit/debit card for all future dues and fees. You may discontinue automatic payments at any time by notifying Heartland at info@HeartlandRO.com. Payments are run on the 25th of the month, or the following business day, if the 25th falls on a weekend/holiday. If your card is rejected for any reason, you will be notified by email. You are responsible for ensuring your account balance is paid by the last day of the month. No refunds will be granted once the payment period begins.

HEARTLAND REALTOR® ORGANIZATION
405 E Congress Pkwy, Suite A · Crystal Lake, IL 60014
(815) 459-0600 · info@HeartlandRO.com
www.HeartlandRO.realtor