

REPG OFFICE INFORMATION AND SERVICES UPDATE
Please complete the information on this page and return it to the office ASAP.

Member name _____

Company name _____

Home address _____

Home Phone _____ Cell Phone _____

Office ID _____ License ID _____

MLS password _____ Voicemail# _____

Bldg entry card# _____ Copier / LD Code _____

Please indicate what number you would like your calls directed to, or if you would like your numbers kept confidential _____

E-mail Address _____

Web Page Address:

<http://www.> _____

Toll-free Phone _____ **if you do not have an REPG toll-free number, would like one?** (no monthly minimum fee, low rate, billed by REPG)

_____ Yes _____ No

If YES, what phone number would you like your toll-free number to ring to?

Do you agree to pay any and all charges incurred against this new phone number?
_____ Yes (initials required here)

Would you like to add an REPG adbox (extra voicemail box)? _____ Yes _____ No

Comments/Suggestions: _____

Signature: _____ Date: _____

Print name: _____

New agent checksheet-2