Subscriber Information Form - (Exhibit A)

Print this completed form, sign, and FAX it, along with Exhibit C and a copy of your license to HIS at 888-628-3121 or 536-6499
(Or mail it to us, if you prefer)

SUBSCRIBER INFORMATION FORM - (EXHIBIT A)

Select one Subscription Type

Principal Broker Participant

(please print Agent's name if Personal Assistant)

Name: First Name Middle Last Name Nick:

Agent ID: Office ID:

INFORMATION BELOW WILL REMAIN CONFIDENTIAL:

Home Address: City: Zip:

Date of Birth: Soc. Sec. Number:

INFORMATION BELOW WILL APPEAR WHERE EVER POSSIBLE:

Car Phone: Pager: Voice Mail:

Home Phone: Home Fax:

E-mail: URL:

Name of Company: Broker :

Office Address: City: Zip :

Office Phone: Office fax:

Agent Office Phone : Agent Office Fax :

I would like my mail to go to my office address ☐ Yes ☐ No

I would like my home phone number kept confidential ☐ Yes ☐ No

I have my own computer/Macintosh ☐ Yes ☐ No
(If yes, please fill out the enclosed Equipment Inventory form)

Request training class for
☐ Morning ☐ Afternoon ☐ Weekend

My preferred training location: _____

My primary association/board is _____
Please attach a copy of your real estate license and/or your appraiser certification.

Please check here if you have a disability which requires special services during the 2-hour training classes:
☐ Visually impaired
☐ Hearing impaired
☐ Wheelchair access
☐ Other (Please describe)
_____
_____
_____
_____

For HIS use only: Subscriber # _____ Broker ID _____

Please fax this Exhibit A along with Exhibit C of the Subscription Agreement and a copy of your license to: 1-888-628-3121. (Or mail it to us, if you prefer.)

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