



2021 Annual MLS Special Order & Payment Form

Name: _____
Please Print: Last Name First Name

Company/Office: _____ HIS Account ID: _____

- Member Board:
- Hawaii Island REALTORS®
 - Kauai Board of REALTORS®
 - West Hawaii Association of REALTORS®
 - Honolulu Board of REALTORS®
 - REALTOR® Association of Maui
 - Mainland/Other
 - None

Your Contact Info: _____
Email Address Phone Number

Please select one (1) payment option below: The annual special rate may only be paid by ACH or by check. Credit card payments will not be accepted for the annual special.

ACH Option: Please Debit My Checking Account (attach copy of voided check)

Account Name: _____ Bank Name: _____

Account Number: _____ Routing Number: _____ Payment Date*: _____

Please send this form to Hawaii Information Service (HIS) by email to accounting@hiinfo.com, via ShareFile at this link: <https://hiinfo.sharefile.com/filedrop> or by mail to Hawaii Information Service, Attn: Accounting, 680 Iwilei Road Ste 670, Honolulu, HI 96817. This form must be RECEIVED by HIS by June 25, 2021.

*Payment date will be no later than end date of the special, if no date is entered, the payment will be processed the date the form is received.

Pay by Check Option

If paying by check, please mail this form and your check to Hawaii Information Service at 680 Iwilei Road, Ste 670, Honolulu, HI 96817. Your application for the Annual Special will not be processed unless this form and check is RECEIVED by HIS by Friday, June 25, 2021. Receipts will be provided upon request.

Agreement

I understand that this form and payment must be received by Hawaii Information Service by **June 25, 2021** to be eligible for the Annual MLS special rate of \$675. **Further, I understand that there will not be any refunds or credits and that HIS need not refund or pro-rate fees in the event of termination or suspension of service before the paid period has ended.**

In the event that charges to my bank account are declined or my check is returned to HIS, I agree that HIS will make one (1) attempt to re-charge my account or re-deposit my check. If this second attempt to charge my account or deposit of my check fails, I understand that I will no longer be eligible for the annual special rate and will be charged for fees based on the billing cycle and payment method I selected prior to applying for the annual special rate. **(A \$25 processing fee will be assessed for each returned check or ACH charge denial.)**

Subscriber's

Signature: X _____ Date: _____

FOR OFFICE USE ONLY:

Form Received Date: _____ Payment Processed Date: _____ Check No _____