

MARIS

1716 Hidden Creek Ct, Suite 150
St. Louis, MO 63131
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membership@marismls.com

ShowingTime Inspector APP Access

Company Name _____

Inspector Name _____

Company Address _____
(Street) (City) (State) (Zip Code)

Home Address if different _____
(Street) (City) (State) (Zip Code)

E-mail Address (REQUIRED): _____

ShowingTime will email App access information to the email address provided.

PRIMARY PHONE (REQUIRED)

SECONDARY PHONE

ShowingTime Inspector APP Access – Annual Fee

Fee is \$120.00 per calendar year – FEE IS NON-REFUNDABLE

Payment options:

- Checks/money orders payable to MARIS and mail to:

MARIS
P.O. Box 802776
Kansas City, MO 64180-2776

Please use physical address (found at the top of this form) for all mailings that do NOT include a check/money order payment.

APP access will be provided upon receipt of payment

- **CC#** _____ **EXP DATE** _____
(AMEX, MasterCard, Visa, Discover)

My signature below acknowledges that I am authorizing MARIS to charge my card the above specified fee amount. If there are any discrepancies I understand that I am to contact MARIS directly for further explanation.

Applicant Signature

Date

AUTO PAYMENT OPTION – check box and sign below: I hereby authorize MARIS to charge the above credit card annually for fee, until further written notice by me. I understand that it is my responsibility to notify MARIS of any change to my charge card, i.e., expiration date, charge card type, etc.

Applicant Signature

Date