Reactivation Form

Member Full Name: _____

Member User ID: _____ **Password:** _____

Company Name: _____ **Office Code:** _____

User Class: ❒ **AN** * *Search Only* ❒ **AM** **Add, Modify, Search* **Effective Date:** ____/____/____

Payment Type (please indicate):

Check ❒ **Check #:** _____ **Name on Check:** _____

**Please make all checks payable to CTMLS*

Payment amount: $_____

Credit Card ❒

Type of Card: ❒American Express ❒Discover ❒MasterCard ❒Visa

Credit Card Number: _____

Name on Credit Card: _____

Expiration Date: _____/_____

Payment Amount ($): **$**_____

Signature Date

**Payment is required before access to CTMLS can be reinstated. By providing my credit card information I authorize CTMLS to charge my account one time for the applicable subscriber fee. Upon successful completion of this transaction an electronic receipt will be emailed to the Subscribers primary email address and the credit card portion of the application will be destroyed.*

_____ _____/_____/_____

Subscriber Signature ***(Agent)*** **Date**

_____ _____/_____/_____

Participant Signature ***(Broker)*** **Date**

Both Subscriber and Participant signatures are required. Please send to your* ***Service Center* *for processing.*