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| Sales Order Form |

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| Sales Rep: |  |  | Date: |  |  |

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| CUSTOMER INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | | | | | | | | | | | |  | |
| MLS Agent ID: | |  | | | | | | | | | | | | | | | | | | | | | |  | |
| MLS Office ID: | |  | | | | | | | | | | | | | | | | | | | | | |  | |
| Company Name: | |  | | | | | | | | | | | | | | | | | | | | | |  | |
| Company Address: | |  | | | City: |  | | | | | | | State: | | | |  | | | ZIP: | |  | |  | |
| Office Phone: |  | | Direct: |  | | | | | Fax: |  | | | | | Other: | | |  | | | | | |  | |
| Domain Name: | | Existing: Desired Name: | | | | | | | | | | | | | | | | | | | | | |  | |
| Email Address: | |  | | | | | | | | | | | | | | | | | | | | | |  | |
| PRODUCT INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | |
| PRODUCT SELECTION | | | | | | |  |  | | |  | SETUP | |  | | MONTHLY | | |  | | TOTAL | | | |  |
| **AgentView – Gold** | | | | | | |  |  | | |  | **$129** | |  | | **$35** | | |  | | **$** | | | |  |
| **AgentView – Platinum** | | | | | | |  |  | | |  | **$149** | |  | | **$55** | | |  | | **$** | | | |  |
|  | | | | | | |  |  | | |  |  | |  | |  | | |  | |  | | | |  |
| **Additional Order Notes:** | | | | | | | | | | |  | ORDER TOTAL | | | | | | |  | | **$** | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | |  | | |
| \*\*\*Your site will go live with a Temporary Domain Name until a Permanent Domain Name is purchase/transferred.Example: johndoe.AgentViewSites.com | | | | | | | | | | | | | | | | | | | | | | |  | | |
| PAYMENT INFORMATION Promotion code:\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | |
| Credit Card No:       Exp. Date:       Security code: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Billing Address: | | | | | | | | | | | | | | | | | | | | | | | | | |
| City:       State:       Zip: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cardholder name (as it appears on credit card): | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cardholder’s Signature:       Date: | | | | | | | | | | | | | | | | | | | | | | | | | |
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