Commercial Property Information Exchange (CPIX) Enrollment Form

CPIX.net

5349 Old Franklin Rd Grand Blanc MI 48439 Phone: 810.603.0676 Email: nancy@cbor.net



Enrollment Date:			
Company Name:			
Member Name:			
Street Address:			
City, State, Zip:			
Phone: Email Ac		ess:	
Real Estate License #:			
Standard Monthly Fee	s Per Member (collecte	ed quarte	erly):
(January 1st, April 1st, Jul	ber: e in Advance to the Upcoly 1st, October 1st) month. No Refunds on	quarter	
Pay by Credit Card: Visa, Mastercard, American Express, Discover			
Name on Card:			
Credit Card #:			
Exp Date:	Sec Code:		<u> </u>
Signature			Date:
Set up Quarterly Autor	matic Credit Card Payme	ents?	YES or NO
Please review the CPIX	Rules & Regulations av	ailable c	on www.CPIX.net

Questions? Nancy Allen at 810-603-0676 or nancy@cbor.net