

TEAM SETUP FORM

Office Name:		Team Lead:		
Team Name:	Phone:			
Email:	Website:			
This	fee will be paid with	the CC you have or	by the Team Lead before setup will be file, or payment must be provided before , I give my permission for the team to b	ore completion.
Signature of IMLS Participant (Designated Broker)		Broker)	Broker Name (please print)	Date
Please note, any	/ member of the Tea _{Name}	m will have team lis	sting edit abilities for ALL team listings	
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