



COMMERCIAL INFORMATION EXCHANGE, INC.

WAIVER

Date: _____

I, _____ am associated with _____
(Print Member Name) (Print Company Name)

I am requesting to be put on waiver. By signing this waiver form, I acknowledge that I am not working as a tenant / buyer representative, listing agent; or represent myself as a listing Broker/Agent to the consumer for any and all property types. (Commercial or Residential)

Member Signature: _____

Member E-mail Address: _____

.....
The Broker/Office Mgr- CIE Participant must fill out the following information.
.....

I agree that if _____ is found to be in violation of

(Print Member name)

the allowable activities outlined above, I will be charged and agree to pay the penalty of \$500.00.

(DATE)

(PRINT BROKER/MGR NAME)

(SIGNATURE)

Waivers go into effect on the first business day of the month following receipt of completed form at the CIE office. Member is responsible for all CIE fees accrued prior to waiver status. This form will not be accepted if it is modified in any way.

FOR CIE OFFICE USE ONLY:

Date Received: _____ Faxed to SLAR: _____ Date Processed: _____

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Maintaining a state-of-the-art database, reflecting current commercial market listings and information.