

# MARIS

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## ShowingTime Inspector APP Access

Company Name \_\_\_\_\_

Inspector Name \_\_\_\_\_

Company Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Home Address if different \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

E-mail Address (REQUIRED): \_\_\_\_\_

**ShowingTime will email App access information to the email address provided.**

\_\_\_\_\_  
PRIMARY PHONE (REQUIRED) SECONDARY PHONE

### ShowingTime Inspector APP Access – Annual Fee

**Fee is \$120.00 per calendar year – FEE IS NON-REFUNDABLE**

Payment options:

- Checks/money orders payable to MARIS and mail to:

**MARIS**  
**P.O. Box 802776**  
**Kansas City, MO 64180-2776**

Please use physical address (found at the top of this form) for all mailings that do NOT include a check/money order payment.

APP access will be provided upon receipt of payment

- **CC#** \_\_\_\_\_ **EXP DATE** \_\_\_\_\_  
(AMEX, MasterCard, Visa, Discover)

**My signature below acknowledges that I am authorizing MARIS to charge my card the above specified fee amount. If there are any discrepancies I understand that I am to contact MARIS directly for further explanation.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**AUTO PAYMENT OPTION – check box and sign below: I hereby authorize MARIS to charge the above credit card annually for fee, until further written notice by me. I understand that it is my responsibility to notify MARIS of any change to my charge card, i.e., expiration date, charge card type, etc.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date