



Office/Roster Addendum for Secondary MLS Participation in the WRIST MLS

According to the Rules and Regulations of the Reciprocal MLS Agreement between the WRIST MLS and the Columbus Board of REALTORS®, each MLS Participant making application to join one of the two MLS systems as a Secondary MLS Participant must provide the Secondary MLS the following:

1) A complete list of all offices in the company, including which office(s) elects to subscribe to the Secondary MLS; and 2) A complete roster of all agents and/or licensed, certified appraisers in each office, including which individuals elect to subscribe to the Secondary MLS.

This form requires the NRDS (National REALTORS® Database System) Number for Offices and Agents. Call your Primary Board of REALTORS® for these numbers.

Instructions: Please fill out this form completely and **FAX to 937.332.0666**. A separate Office Roster form must be included for ALL offices. Be sure to indicate which office(s) and which individuals in each office want to subscribe to the WRIST MLS.

Company Name: _____

Corporate/Home Office Address:

Street: _____ City: _____

State: _____ Zip: _____ Office NRDS #: _____

Phone: (____) _____ Fax: (____) _____

Website: _____

Broker Name: _____

Ohio License #: _____ NRDS #: _____

Home Address: Street: _____ City: _____

State: _____ Zip: _____ Phone: (____) _____

E-mail: _____

Billing Address or Email (if different from Corporate office)

Street: _____ City: _____

State: _____ Zip: _____ Phone: (____) _____

E-mail: _____

If not already a member of WRIST, the MLS Participant will be billed the WRIST MLS one-time set-up fee of \$200 for each subscribing office and the WRIST monthly fee of \$28.00 for each individual subscriber.

The undersigned Designated REALTOR® (MLS Participant) hereby agrees to abide by all the Rules and Regulations of the WRIST, Inc. Multiple Listing Service, and the Rules and Regulations of the Columbus/WRIST MLS Reciprocal Agreement.

Broker Signature Date

() Branch Office Address:

Street: _____ City: _____ State: _____

Zip: _____ Phone: (____) _____ Fax: (____) _____

Office NRDS #: _____ Office Manager: _____

Office Roster

List ALL real estate licensees or licensed/certified appraisers in this office.

Agent Name: _____ **WRIST MLS** Yes No

User Classes (please check): ___ A: Agent ___ O: Office ___ B: Basic (Search only)

Agent NRDS #: _____ Ohio License #: _____

Home Address: Street: _____

City: _____ State: _____ Zip: _____

Primary Phone: (____) _____ E-mail: _____

Secondary Phone: (____) _____ FAX: (____) _____

Web Address: _____

Agent Name: _____ **WRIST MLS** Yes No

User Classes (please check): ___ A: Agent ___ O: Office ___ B: Basic (Search only)

Agent NRDS #: _____ Ohio License #: _____

Home Address: Street: _____

City: _____ State: _____ Zip: _____

Primary Phone: (____) _____ E-mail: _____

Secondary Phone: (____) _____ FAX: (____) _____

Web Address: _____

(For additional branch offices, please copy this page and attach)

Agent Name: _____ **WRIST MLS** **Yes** **No**

User Classes (please check): **A: Agent** **O: Office** **B: Basic (Search only)**

Agent NRDS #: _____ Ohio License #: _____

Home Address: Street: _____

City: _____ State: _____ Zip: _____

Primary Phone: (____) _____ E-mail: _____

Secondary Phone: (____) _____ FAX: (____) _____

Web Address: _____

Agent Name: _____ **WRIST MLS** **Yes** **No**

User Classes (please check): **A: Agent** **O: Office** **B: Basic (Search only)**

Agent NRDS #: _____ Ohio License #: _____

Home Address: Street: _____

City: _____ State: _____ Zip: _____

Primary Phone: (____) _____ E-mail: _____

Secondary Phone: (____) _____ FAX: (____) _____

Web Address: _____

Agent Name: _____ **WRIST MLS** **Yes** **No**

User Classes (please check): **A: Agent** **O: Office** **B: Basic (Search only)**

Agent NRDS #: _____ Ohio License #: _____

Home Address: Street: _____

City: _____ State: _____ Zip: _____

Primary Phone: (____) _____ E-mail: _____

Secondary Phone: (____) _____ FAX: (____) _____

Web Address: _____

Agent Name: _____ **WRIST MLS** **Yes** **No**

User Classes (please check): **A: Agent** **O: Office** **B: Basic (Search only)**

Agent NRDS #: _____ Ohio License #: _____

Home Address: Street: _____

City: _____ State: _____ Zip: _____

Primary Phone: (____) _____ E-mail: _____

Secondary Phone: (____) _____ FAX: (____) _____

Web Address: _____

