



WRIST INC.  
1087 N MARKET ST.  
TROY, OH 45373  
PHONE: 937-335-1117  
FAX: 937-552-3198

**OFFICE APPLICATION**

**WRIST Use Only:**

- Office Code \_\_\_\_\_  
 New Office  
 Change of Contact Info  
 No Board Affiliation

MLXchange \_\_\_\_\_  
 Invoiced \_\_\_\_\_  
 Copy of License \_\_\_\_\_

**OFFICE INFORMATION:**

OFFICE NAME: \_\_\_\_\_  
 OFFICE ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_ COUNTY: \_\_\_\_\_  
 OFFICE PHONE: \_\_\_\_\_ OFFICE FAX: \_\_\_\_\_  
 OFFICE NRDS NUMBER: \_\_\_\_\_ OFFICE LICENSE NUMBER: \_\_\_\_\_  
 BILLING EMAIL ADDRESS: \_\_\_\_\_  
 BROKER/APPRaiser OR OFFICE MANAGER NAME: \_\_\_\_\_

**OFFICE AFFILIATION:**

- PRIMARY WRIST OFFICE  
 SECONDARY WCAR (*Reciprocity*)  
 SECONDARY DABR (*Reciprocity*)  
 SECONDARY CBR (*Reciprocity*)

*Secondary Reciprocity Offices will need to attach a complete office roster with this application. The office roster should contain the names of all licensees within the office.*

**BOARD AFFILIATION:**

- MOAR  
 SBOR  
 DABR  
 CBR  
 WCAR  
 OTHER \_\_\_\_\_  
 NO BOARD

**OFFICE TYPE:**

- REAL ESTATE OFFICE  
 APPRAISAL OFFICE

**AGENTS/APPLICANTS:**

TOTAL NUMBER OF LICENSED AGENTS \_\_\_\_\_  
 NUMBER OF PARTICIPATING AGENTS \_\_\_\_\_

**BROKER/APPRaiser INFORMATION:**

FIRST NAME: \_\_\_\_\_  
 LAST NAME: \_\_\_\_\_  
 LICENSE NUMBER: \_\_\_\_\_  
 NRDS NUMBER: \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_  
 CITY/ST/ZIP: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

I agree as a condition of participation in W.R.I.S.T. to abide by all relevant Bylaws, Rules and other obligations of participation including payment of fees. I further agree to be bound by the REALTORS' code of Ethics including the obligation to submit to ethics hearings and the duty to arbitrate contractual disputes with other REALTORS in accordance with the established procedures of W.R.I.S.T. I understand that a violation of the code of Ethics may result in termination of my MLS privileges and that I may be assessed an administrative processing fee which may be in addition to any discipline, including fines, that may be imposed.

I further agree to allow W.R.I.S.T. to electronically submit my company listings to third party Internet site providers as indicated on individual property listings input to the W.R.I.S.T. MLS system.

I understand that by providing above my mailing address (es), email address (es), telephone number(s), and fax number(s), I consent to receive communications sent from Western Regional Information Systems and Technology, Inc. via U.S. mail, email, telephone, or facsimile at those number(s)/location(s).

\_\_\_\_\_  
**Printed Principal Broker Name**

\_\_\_\_\_  
**Principal Broker Signature and Date**