



WRIST INC.
1087 N MARKET ST.
TROY, OH 45373
PHONE: 937-335-1117
FAX: 937-916-6402

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