



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

WRIST Use Only:

Member Code _____
 MLS _____
 Invoice Number _____
 Username _____
 RETS Client _____

IDX/DATAFEED APPLICATION

THIS APPLICATION IS FOR AN: OFFICE AGENT
 IDX DELIVERY METHOD: IDX DATAFEED (RETS) (ANNUAL AGENT/OFFICE FEE \$150)

OFFICE NAME: _____

AGENT NAME: (IF APPLICABLE) _____

OFFICE ADDRESS: _____

OFFICE PHONE: _____ OFFICE FAX: _____

OFFICE CODE (Office #): _____

CONTACT EMAIL ADDRESS: _____

As an authorized Participant of Western Regional Information Systems and Technology, Inc., I hereby give my permission and authorize WRIST staff to deliver all listings currently in the WRIST IDX database.

This authorization gives WRIST and its staff the authority to provide access to IDX listing data to your designated web developer, as identified below:

COMPLETE THIS SECTION FOR IDX DATAFEED (RETS) ONLY

WEB DEVELOPER NAME: _____

OFFICE ADDRESS: _____

CONTACT NAME: _____

EMAIL ADDRESS: _____

CONTACT PHONE: _____

WEB ADDRESS: _____

I agree as a condition of participation in W.R.I.S.T. IDX display 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. W.R.I.S.T. Rules and Regulations can be found on the MLS public website at www.wristinc.com. Reference section 18: *IDX Defined*.

As authorized broker, I agree to allow this participant to display IDX in accordance with the WRIST Rules and Regulations unless otherwise noted. I further agree to assume supervisory responsibility for the participants display of listings advertised on the Internet. I further agree by signing below that I will hold WRIST staff, Board of Directors, and its shareholders harmless and will indemnify same for any claims which may be brought about by the misuse of the above mentioned data.

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).

Agent Signature and Date

Printed Principal Broker Name

Principal Broker Signature and Date