

STAFF USE ONLY	BY _____	DATE _____	FIRM _____
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**MetroTex  
Association of  
REALTORS®.**

**OR**

**Greater Metro  
Multiple  
Listing  
Service**



## OFFICE INFORMATION FORM

**Fax to: 214-637-5951 Dallas or 817-796-5421 Grapevine**

*Please note: You are **required** to register your firm name with the Texas Real Estate Commission as either a DBA (for a sole proprietorship or partnership) or through an LLC or Corporate License.*

Date: \_\_\_\_\_

FIRM NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, AND ZIP: \_\_\_\_\_

OFFICE PHONE #: \_\_\_\_\_ OFFICE FAX #: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT FROM STREET ADDRESS): \_\_\_\_\_

BROKER'S/PRINCIPAL'S NAME: \_\_\_\_\_

BROKER'S/PRINCIPAL'S HOME ADDRESS: \_\_\_\_\_

CORPORATE REAL ESTATE LICENSE #: \_\_\_\_\_  
(if applicable)

\_\_\_\_\_  
Signature of Designated REALTOR® /Principal Affiliate or Authorized Signature

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Appointment of Office Manager:

Office Manager of this office location is: \_\_\_\_\_

Note: this authorizes the individual above to make changes to firm information and/or changes to the agents/affiliates in this office. Additionally, the Office Manager will be able to access account information for the entire office location on MetroTex E-Services at [www.gdar.com](http://www.gdar.com).

\_\_\_\_\_  
Signature of Designated REALTOR® /Principal Affiliate or Authorized Signature

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Authorized Signature for this office: \_\_\_\_\_

Note: this authorizes the individual above to make changes to firm information and/or changes to the agents/affiliates in this office.

\_\_\_\_\_  
Signature of Designated REALTOR® /Principal Affiliate or Authorized Signature