

WARDEX New User Activation



Member Association: BULLHEAD CITY KINGMAN

NON-MEMBER ASSOCIATION _____

Member Name: _____

For REALTORS® Only = NRDS # _____

Member Type: _____

Firm Name: _____

Firm Address: _____

Primary E-Mail Address _____

Cell Phone: _____ **Preferred Log in** _____

Office Phone: _____ **Office Fax:** _____

Listing Privileges (Realtors only) Y/N: _____ **If N Broker Signature is Required:** _____

Agent/Broker License Number: _____

Firm License Number: _____

STAFF use only

Received Date: _____ **STAFF initials** _____

Assign: Login ID: _____ **Password:** _____

Please send back to the association through which you have applied for access.