



Member Information Form – Dayton REALTORS®

For questions regarding this form, please email stephaniew@vocalinkglobal.com

DATE:			Services Requested: OSI VRI OPI TRN Other			
Company:			Primary Contact:			
Address 1:			Title:			
Address 2:			Phone:			
City:	State:	ZIP Code:	Fax:			
Do you require Purchase Orders? No Yes (If Yes, please attach a copy of your PO Form)			Contact Email:			

Accounts Payable (A minimum of two, unique contact points required)

Primary Contact: Please list the primary contact person to whom invoices will be delivered for approval/processing.			Payment Contact: Please list the contact person responsible for the payment of invoices. This contact is typically someone in Accounts Payable.			
Name:			Name:			
Address (if different from above):			Address (if different from above):			
City:	State:	ZIP:	City:	State:	ZIP:	
Contact Email:			Contact Email:			
Phone Number:			Phone Number:			
TAX ID#:			Invoice email:			

*In the unlikely event of a billing dispute that cannot be resolved through ordinary channels, please provide the name, phone number and e-mail address of your **Fiscal Officer** or other Senior Contact with authorization to resolve such disputes, including authorization to spend funds.*

Senior Contact Name: _____ **Telephone:** _____ **Email:** _____

By completing this Member Information Form, the above-stated entity (the "Member") agrees to be bound by the Master Language Services Agreement between Vocalink, Inc. and Dayton REALTORS®, a copy of which has been made available to Member. Member acknowledges and agrees that its ability to access services pursuant to the Master Language Services Agreement is contingent upon its continued membership in good standing in Dayton REALTORS®.

 Authorized Signature

Print Name: _____

Print Title: _____

Date: _____

