



## **NTREIS Transactions Service Provider's Request for Enrollment**

Please provide the following.

From: (person making the request)

Type of Service Provider:

Office/Company name:

Office email:

Office Address:

Name:

Street:

City/State/Zip code:

Phone:

Fax:

Primary Contact Name:

Primary Contact's E-mail:

**Please fax this information to Cindy Cocklin at (214) 800-8425 or via email at [Cindy@ntreis.net](mailto:Cindy@ntreis.net)**

**Questions? Contact Cindy Cocklin at (214) 800-8443**