



CRMLS IDX REQUEST FORM

Agent Name: _____

Agent E-Mail: _____

Agent User ID: _____

Office Name: _____

Agent BRE#: _____

Office ID: _____

Agent Phone: _____

Office BRE#: _____

Website: _____

Please enter the valid website(s) where you want to display the IDX solution.

By signing below, I represent and warrant the following: (1) I am an active member of CRMLS in good standing; (2) I agree to abide by all CRMLS Rules and Regulations; and (3) I have permission from my broker to display MLS data on my website.

Signature of Requestor: _____ Date: _____

By signing below, I represent and warrant the following: (1) I am the broker of record for the Requestor; (2) I have given permission to the Requestor to have CRMLS IDX listings on the Requestor's website; and (3) I agree to abide by all CRMLS Rules and Regulations.

Broker Name: _____
Please Print Name

Broker Signature: _____

My Web Site Vendor is:

Company Name: Constellation Web Solutions

Phone: 425-636-6910

Contact Name: Dan Dhy

E-Mail: brokersolutions@constellationws.com

****Please email completed form to Licensing@crmls.org or fax to 909-978-3165****