



RETS DATA FEED ACCESS

Only use this form if your Third Party Vendor is already a member of KCBOR RETS FEED

Office Information and Signature

Office Name: _____

Agent Name: _____

Designated Broker Name: _____

Broker DRE: _____

Designated
Broker's signature
required

Broker Signature: _____

E-Mail Address (Required): _____

Broker Web Address (Required): _____

Office Street Address: _____

Office City, State, Zip: _____

Office Phone and Fax: _____

Choose one of the following:

a) I wish to use the RETS function Integrated within the Rapattoni MLS program _____ or

b) I wish to use the following Third Party Company for RETS display _____

Entered into on behalf of Office by: Client's signature required

Print Name /Title: _____

Signature: _____

Third Party Consultant Information and Signature

Note to Firm: Reproduce this document for each individual company to whom you intend to provide access to the IDX data under this agreement.

Consultant (Company and Individual) Name: Constellation Web Solutions

Email Address (required): brokersolutions@constellationws.com
(This will be the Association's primary means of communication about IDX)

Consultant Street Address: 6737 West Washington Street, Suite 2120

Consultant City, State, Zip: Milwaukee, WI 53214

Phone: 425-636-6910 Fax: 866-299-4385

Name of Broker Company for who RETS is being provided _____

I CERTIFY THAT I HAVE RECEIVED A COPY OF THE COMPLETE "CONTRACT FOR KCBOR IDX" AGREEMENT TO WHICH THIS SIGNATURE APPLIES AND THAT I AGREE TO ABIDE BY THE GUIDELINES AND RULES SET FORTH WITHIN THIS AGREEMENT AND THAT I AGREE TO TAKE NECESSARY ONGOING SECURITY MEASURES TO ENSURE AVOIDANCE OF SCRAPING OR DOWNLOADING BY UNAUTHORIZED PARTIES AND ANY ASSOCIATED POLICY AND/OR TECHNICAL DOCUMENTATION.

Entered into on behalf of Consultant by:

Signature: Daniel Dlhhy

Print Name/Title: Dan Dlhhy, Data & Compliance Manager

NOTE TO CONSULTANT: you must enter into the "Associations contract for RETS feed" with every real estate broker whom you provide services. (If you sign only one and that Firm's access to the RETS is terminated, you will not be able to access the data for your other clients.)

Kings County Board of Realtors ® Information and Signature

Entered into on behalf of Members Association Kings County Board Of Realtors® MLS

Signature: _____ Effective Date: _____

Print Name and Title: _____

Fax or mail completed and signed form to: KINGS COUNTY BOARD OF REALTORS®
Email: mls@kcbor.com Fax: 559-582-2007