INDIANA REGIONAL MULTIPLE LISTING SERVICE
Participant (Managing Broker) /Agent IDX Contract Signature Page

Firm Name: _____ Firm NRDS #: _____

Managing Broker Name: _____ Managing Broker NRDS#: _____

*Email Address: _____

*Email address must be included. IRMLS will use email as the primary communication tool.

Agent Name (if applicable): _____ Agent NRDS #:_____

*Agent Email Address (if applicable): _____

*Email address must be included. IRMLS will use email as the primary communication tool.

Firm Street Address: _____

Firm City, ST, ZIP: _____

Firm Phone:_____

Consultant Name & email address & Phone #: Zurple, Inc - vendorcontact@zurple.com - 800-520-2312

*If using a Consultant, please return Consultant Information & Signature form in addition to this form.

_____ User has elected to apply for the Smart Frame solution and pay a $50.00 non-refundable set-up fee and $100.00 annual fee.

___X___ User has elected to apply for RETS Access and pay a $250.00 non-refundable set-up fee and $250.00 annual fee.

RETS Access will be used for: ___X___ IDX Website _____ Back Office Application _____ 3rd Party Software/Service Application

The IRMLS Listing Data will be displayed on the following website: _____

*Please supply the URL of the website where the IDX data will display

Managing Broker authorizes IRMLS to provide IDX access to the agent listed on this form. The Managing Broker agrees to be held responsible for ensuring compliance (including Agent compliance) with all IDX Rules and Regulations.

User will notify IRMLS at idx@irmls.net upon completion of website. IRMLS must approve the IDX site prior to the site's release to the public.

_____ _____
Managing Broker Signature   Date Signed

_____
Print Name

_____ _____
Agent Signature   Date Signed

_____
Print Name

INDIANA REGIONAL MULTIPLE LISTING SERVICE
Consultant Contract and Signature Page

Company Name: Zurple, Inc.

Consultant / Contact Name: Pao M. Alfonso

Street Address: 1923 Camino Vida Roble, Suite 120

City, State, ZIP: Carlsbad, CA 92008

Phone: 800-520-2312

Email Address: vendorcontact@zurple.com   Website Address: zurple.com
(IRMLS will use email as the primary means of communication. Email address must be supplied.)

Broker/Agent Name:

Firm:

Email Address:

Broker/Agent Website Address:

NOTICE TO CONSULTANT: IRMLS requires a Contract for each firm and/or individual for whom IDX service is provided.

By signing this Contract, Consultant agrees to comply with all the Rules governing this program and to notify IRMLS at idx@irmls.net immediately upon completion of website. IRMLS will conduct an IDX Audit to ensure site is in compliance. Once in compliance, the site may be released to the public.

(signature)

_____   Pao M. Alfonso
Consultant Signature   Consultant Print Name

Sr. IDX Administrator   _____
Consultant Title   Date Signed

IRMLS IDX COMPLIANCE REVIEW
Updated 3/28/3014

IRMLS has completed an IDX compliance audit and the results are listed below.   Please review the information and correct any noted changes within five (5) business days and provide notice to the MLS.   If no changes are required, the site is considered in compliance and ready for public use.

Agent/Office Name:_____   **Date:** _____

Website Address: _____   _____

Please note; a checkmark "✔ " means the site is in compliance with the rule. An "✖" means the site is not in compliance.

1.   18.3.8   The following Disclaimer must be prominently posted on the website:

"IDX information is provided exclusively for consumers' personal, non-commercial use and may not be used for any purpose other than to identify prospective properties consumers may be interested in purchasing. Data is deemed reliable but is not guaranteed accurate by the MLS."

2.   18.2.5   Participants must refresh all MLS downloads and IDX displays at least every three (3) days.

3.   18.2.7   The IDX display must identify the name of the brokerage firm under which the site is operated in readily visible color & typeface.

4.   18.3.3   IDX listings must identify the listing firm in a reasonable prominent location & readily visible color and typeface not smaller than the median used in the display of the listing data. Displays of less than 200 characters are exempt from this rule if they are linked to a display that includes all the required disclosures.

5.   18.3.4   IDX listings must identify the listing agent. Displays of less than 200 characters are exempt from this rule if they are linked to a display that includes all the required disclosures.

6.   18.3.7   IDX listings must show IRMLS as the source of information. Displays of less than 200 characters are exempt from this rule if they are linked to a display that includes all the required disclosures.

7.   18.3.12   Website MAY NOT display off market IDX listings.

8.   18.3.13   Listings MAY NOT display sellers and/or occupant's name, phone number, & email address.

9.   18.3.1   Listings displayed on IDX sites shall contain only the fields of data approved by IRMLS. Display of Confidential Fields is prohibited. List is available on page 12 of IDX Handbook. IRMLS Reserves the right to modify the list as it sees fit.

10.   Section 4.4 IRMLS Rules & REGS - **USE OF THE TERMS MLS & MULTIPLE LISTING SERVICE**

IDX Sites shall NOT include any verbiage that suggests the public is accessing the MLS directly or that the firm or individual is an MLS. Examples of inappropriate Use:

Click here to search the MLS Search IRMLS MLS Listings

11.   **Additional Comments**: _____

APPENDIX F

IDX SERVICE - NOTICE OF CHANGE/DISCONTINUE SERVICE

Participant/Agent Name: _____

Office Name: _____

Email Address: _____

Type of Data Access: _____RETS _____Smart Framing_____FTP

Consultant Change

_____ We are changing IDX Consultants and request a new *Contract. *IDX Subscriber will be charged a Set Up Fee.

Name of Current Consultant:_____   Email:_____

Name of New Consultant:_Zurple, Inc._____   Email:_____

Discontinue IDX Service

_____ We wish to discontinue IDX Service   Effective Date: _____

IDX Subscriber Signature: _____ Date: _____

The IRMLS Regional operates under an IDX "opt in" policy. This form permits Participants to opt out of or reinstate the IDX program. If a Participant who has opted out, later wishes to participate or to display IDX data on their website, they would need to sign this form.

Please Note: Participants may withhold individual listings from the IDX Data at instructed by the Seller without opting out of the IDX program. To withhold a listing from IDX, Participants would choose NO for the IDX Include field in the MLS system.

To opt out of or to reinstate IDX , this form must be completed and signed by the Participant of the office. Once completed, please email to idx@irmls.net to IRMLS IDX Program, c/o ECBOR at 57225 Alpha Dr. Goshen, IN 46528.

Firm Name: _____

Participant: _____

Email Address: _____

Firm Street Address: _____

Firm City, ST, ZIP: _____

Firm Phone: _____

Should this form apply to any other offices of your firm? If so attach a separate page with a list of the offices to which this form should apply.

CHECK ONE OF THESE TWO (2) BOXES. BY DOING SO, YOU ARE AGREEING TO THAT INFORMATION.

___X__ MY FIRM ELECTS to reinstate IDX (opt in). I understand that I am hereby giving every other IDX Participant in IRMLS permission to advertise my active MLS listings on its own web site, subject to the MLS Rules and Regulations. Other Participants are not obligated to display my listings. I authorize IRMLS to distribute my active listing data to other Participants pursuant to its Rules and Regulations.

_____MY FIRM DOES NOT ELECT to participant in the IDX program (opt out). I understand this means that IDX Participants will not be permitted to display my listings on their web sites. I further understand that my firm will receive no benefits under the IDX program of IRMLS. My firm is not allowed to display the listings of other brokers unless I receive permission from them individually to do so.

I am the Participant for the MLS office whose ID number first appears above. I represent that I have authority to execute this form on behalf of my own office and all other offices listed above (if any).

Signature: _____   Date: _____

APPENDIX H
CREDIT CARD AUTHORIZATION

I hereby give the Indiana Regional IDX Administration authorization to charge my credit card for payment for the following goods and/or services.

Agent Name: _____

Agent ID: _____ Phone Number: _____

Office Name: _____

Purchase: _____

Amount Paid: $ _____

Name of Cardholder: _____

_____ Date: _____
Signature of Cardholder

Card Information

Personal Card   Corporate Card
(Circle One)

Card Type: Visa   MasterCard   Discover
(Circle One)

Card #: _____ Expiration Date: _____

3 Digit Security Code #: _____ *Zip Code: _____
(last three numbers found on the back of your credit card)   Zip Code the credit card company has on record for the Cardholder.

Email Receipt to: _____