

Brooklyn RETS Order Form



Please email idxsales@corelogic.com Should You Have Any Questions or Need Further Assistance.

Your Information - All Fields Are Required

Board or Association: _____

Firm/Office Name: _____

Name: _____

Phone: _____

Email: _____

Website Address: _____

Web Designers Name and Email:
Constellation Web Solutions
brokersolutions@constellationws.com

Web Designers Phone: 425-636-6910

*****Special Authorization*****

RETS data is authorized to be used solely by the user or firm specified below in a single real estate website owned or operated, by or for the user or firm for the specific purpose of making such data available to the general public. Any other unauthorized use, dissemination or distribution of this data to a third party firm or website is strictly forbidden. CoreLogic will at its discretion immediately discontinue service and/or seek other legal remedies for any violations of this authorization. Also, if the undersigned user or firm is using RETS Data Access to an excessive degree by, for example, continuously downloading MLS Data, overall InnoVia™ System performance may suffer. CoreLogic shall have the right under this agreement to discontinue access to the RETS Data Access and any services in support thereof for the undersigned user or firm who, after written notice to your board or association from CoreLogic, continues RETS Data Access in any manner that adversely impacts the performance of the InnoVia™ System and/or servers.

By signing below I specifically agree to abide by the above agreement, and to use said data in the specified manner authorized by the Special Authorization.

User Signature- _____

Webmaster Signature- *David Dely* _____

RETS Data Access

This utilizes a RETS data access approach in distributing your listing data. All available property listing information can be accessed directly from the RETS server. The data contains those fields of information as determined by your board or association at the time of creation and made available to you for use and inclusion within **you or your firms website(s)** in whatever format you choose to utilize. All photos are also available for retrieval for each listing. A RETS login and password will be provided upon receipt of this agreement. While this agreement provides access to the RETS data, instructions on the implementation of the listing information is not. However, assistance can be located at www.rets.org.

Annual Fee: \$200.00

Billing Information - All Fields Are Required

Billing Cycle: Annually

Payment Type: Credit Card Check

Card Type: MasterCard Visa Amex Discover

Your Name: _____

Card Number: _____

Expiration Date: _____

Billing Address: _____

City: _____ **St:** _____ **Zip:** _____

E-Mail: _____

Phone: _____ **FAX:** _____

Billing information required

By signing below you are authorizing MarketLinx, Inc. to debit the above listed credit card annually for the payment of the services or fees indicated on the bottom left of this form. MarketLinx, Inc will continue to debit the charges and/or fees at the regularly scheduled billing cycle. All package selections require twelve (12) months minimum commitment. Early termination of any of the selected packages will result in all remaining charges being debited from the above listed credit card. Annual payments are non-refundable. This contract will automatically renew on the annual anniversary date of the first billing date unless MarketLinx, Inc is notified, in writing, no less than thirty (30) days prior to contract renewal. It is the sole responsibility of the signed customer to assure compliance with all local, state, federal, franchise rules, regulations and/or laws with regard to their individual website. Any misuse, either intentional or otherwise, of legally protected domain names, URL's, images, logos, site content, and 3rd party products by the signed customer is done so at his/her own risk. The signed customer agrees to waive all liability of MarketLinx, Inc, and any of their affiliated partners, from any and all liability resulting from such violations. These terms and conditions are subject to change without prior notice.

Credit Card Holder Signature _____

Date _____

Card holder's signature is required

**Fax to MarketLinx Accounting-
(949)214-1250**

Client signature is required

**Mail Checks To:
CoreLogic Solutions, LLC-
MarketLinx
PO Box 203980
Dallas, TX 75320-3980**