

**Appendix F: IDX Content License Agreement**

Name of Brokerage: \_\_\_\_\_

Designated Participant (Managing Principal Broker) Member Name: \_\_\_\_\_

Broker Name (if applicable): \_\_\_\_\_

Broker E-Mail Address (print): \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Office Code: \_\_\_\_\_ Broker ID: \_\_\_\_\_

We, the undersigned, attest that we have read and acknowledge understanding of this MLSCO IDX Policy and agree to abide by and comply with this Policy in total. We agree to maintain complete confidentiality of the contents and agreements in this Policy.

As the Designated Participant and MLSCO Member, I herein request the provision by MLSCO of all IDX listing data, as defined in this Policy. I understand that, by requesting this IDX Data Collection, I am agreeing to allow all listings for which I am the listing Broker to be permitted for Internet display unless prohibited in writing by the seller of a particular listing.

We, the undersigned, further understand that we acquire no rights to the MLSCO database or any portion thereof, except for the use provided under this Policy. The MLSCO database is and will remain the sole, exclusive property of MLSCO. Neither the Designated REALTOR nor the Service Provider shall enter into any license, sublicense, access nor other agreement nor arrangement that would allow access to the MLSCO data or any portion thereof, outside the provisions contained in this Policy.

MLSCO reserves the right to cancel this agreement without notice should a violation of the MLSCO Policy/Rules & Regulations occur.

Select Desired Brokerage Limited Data Collection Service Choice:

- Smart Frame – Broker (\$50.00 One-time)
- Smart Frame – Office (\$50.00 One-time)
- RETS Data Service (\$200.00 One-time & \$20.00/month)

**SETUP FEES DUE AT TIME OF APPROVAL**

Display URL: http:// \_\_\_\_\_

Service Provider (print company name): Constellation Web Solutions

Service Provider E-Mail Address/Phone: brokersolutions@constellationws.com 425-636-6910

Service Provider Authorized Contact Name (print): Dan Dlhj

Broker Signature (when applicable): \_\_\_\_\_

Designated Participant Signature: \_\_\_\_\_

Service Provider Signature: 

Credit Card #: \_\_\_\_\_ Exp: \_\_\_\_\_ CSV: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_