IDX Paperwork Cover Sheet

IMPORTANT

This cover sheet MUST be filled out and returned via Email or Fax with your IDX paperwork. If this cover sheet is not included your IDX may not be approved and set-up properly.

How To Return	
Scan & Email Cover Sheet & Paperwork to: IDXAdmin@z57.com	
Fax Cover Sheet and Paperwork to: (858) 430-5599	
Please Print Clearly	
First Name:	(REQUIRED)
Last Name:	_(REQUIRED)
Email Address:	(REQUIRED)
Domain Name: If Facebook Premium Client, please use your Facebook Business Page URL AS THE DOMAIN NAME	_(REQUIRED)
MLS Agent ID:	(REQUIRED)
Office ID:	



North Santa Barbara County Regional MLS (NSBCRMLS) IDX BROKER AUTHORIZATION FORM

As Broker/Owner of the office(s) listed below, I hereby acknowledge membership in the Associations as indicated below and I authorize the Associations to provide Constellation Web Solutions ("Vendor,") with the Licensed Content (MLS data) as that term is defined in the master Content License Agreement, for the purpose of channeling it through the Vendor Products and Services to the undersigned. As Broker/Owner, I hereby acknowledge that the use of the Licensed Content will at all times remain in compliance with the provisions in the MLS Rules and regulations, including but not limited to the IDX Rules found in Section 12.16, as may be changed from time to time. Or will be subject to discontinued access. I agree to take the action necessary to ensure my website and/or mobile application is brought into compliance, within five (5) business days of receiving notification from the Association of Realtors in which I hold membership. I understand the failure to bring my website/and or mobile application into compliance will cause the display of Licensed Content on my website and/or mobile application to be suspended or terminated.

□ Santa Ynez Valley Ass	ociation of Realtors®	
within our company or office.	ERemarks as amended, are "private" fields not viewable except These fields are NOT to be viewable by agents outside our cor multiple offices operating under a single designated broker/owner.	
grant this authorization. This	s that I am the Broker/Member or represent I have the Broker/Member or represent I have the Broker/Member consent and authorization is subject to the terms and condition iations and the Vendor for the licensing of Broker/Member's Licensions.	s contained in the
	ROKER/OWNER INFORMATION and AUTHORIZATION	
Office/Company Name: Office MLS ID Code(s) Street Address: City, State, Zip: Print Name:	Number of Agents:	
Signed:	Date: Date:	
Web Site URL Address:	(Only site which this data is approved for)	
Agent: Print Name: Signed: Date:	Web Address:	
Vendor Representative: Company Name: Print Name: Signed: Webmaster E-Mail:	Constellation Web Solutions Dan Dlhy brokersolutions@constellationws.com Date:	
Association Representative: Print Name: Signed:		

ASSOCIATION MEMBERSHIP (Check all that apply)

Santa Maria Association of Realtors®

Lompoc Valley Association of Realtors®

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Date: