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:	



CRISNet IDX Agent-Vendor Request Form

- By signing below, I am agreeing to all MLS Rules, Regulations & Requirements regarding Internet Data Exchange (IDX).
- ☐ You must first complete the paperwork required by your IDX vendor.
- □ I further understand that my broker is ultimately responsible for the content of my website and that I have his/her permission, as noted by signature below, to display listings on my website.
- □ Your website homepage must display your name, your DRE number and current brokerage logo or name in text at a minimum to be approved. If main brokerage website only, the brokerage name and brokerage DRE number is required on the homepage at a minimum.

					(F########)
Office Nam	<u>.e:</u>			Office ID:	(F######, FF######)
Office Addr	ess:			Agent Phone:	
				Fax:	
				Mobile:	
Email Addr	<mark>ess:</mark>				
Please enter the	e actual website(s) name	e/address where you want to the contract of th	to display th	e IDX solution. Also, i	include the temporary ac
	is not vet online. Your w	repsite will be reviewed for	MIT2 combii	ance as stated.	
ir your website					
, 		ent;		_Date:	
Signature	of Requesting Age				
Signature	of Requesting Age				
Signature of Broker Name	of Requesting Age Print Name	Broker S	<mark>ignature</mark> : _		Date_
Signature of Broker Name	of Requesting Age Print Name		<mark>ignature</mark> : _		Date_
Signature of Broker Name My	of Requesting Age Print Name	Broker S	ignature: _		Date_
Signature of Broker Name My Firm/Vend	Print Name IDX Vendor in or Name:	Broker Solution - Ple	ignature: _		Date_
Signature of Broker Name My Firm/Vend	of Requesting Age Print Name	Broker Solution - Ple	ase obt		Date_
Signature of Broker Name My Firm/Vend Contact Na	Print Name IDX Vendor in or Name:Const	Broker S nformation - Ple cellation Web Sol	ignature: _	ain from you	 ur IDX vendor:
Signature of Broker Name My Firm/Vend Contact Na Phone: 42	Print Name IDX Vendor in or Name:Const	Broker Solution - Plestellation Web Soluterson	ignature: _	ain from you	Date_

Fax completed form to 818-779-7080 or email to crisnetidx@srar.com. Please allow 2-3 business days for processing time. Vendor must be approved as a current SRAR-CRISNet MLS vendor & receive an approval from CRISNet MLS to activate your IDX.