



CRMLS DATA LICENSING REQUEST FORM

Vendor Information

Legal Company Name: _____

Email Address: _____

Signatory Name: _____

State of Licensure/ Incorporation: _____

Signatory Title: _____

Company Web Site: _____

Physical Address: _____

Alternate Contact Name: _____

Alternate Title: _____

Office Phone: _____

Alternate Phone: _____

Mobile Phone: _____

Alternate Email Address: _____

Broker Information (If Applicable):

**Please fill out this section if your product will service a specific brokerage or if you are a broker and developing a product*

Broker Name: _____

Legal Company Name: _____

Broker User ID: _____

Physical Address: _____

Broker BRE#: _____

Office Phone: _____

Office ID: _____

Mobile Phone: _____

Office BRE#: _____

Email Address: _____

URL of website where data will be displayed: _____

Please provide a detailed description of your product and how you plan to use the MLS data: _____

(If more space is needed, please attach a separate sheet.)

****Please email completed form to Licensing@crmls.org or fax to 909-978-3165****