



CRMLS IDX REQUEST FORM

Agent Name: _____

Agent E-Mail: _____

Agent User ID: _____

Office Name: _____

Agent DRE#: _____

Office ID: _____

Agent Phone: _____

Office DRE#: _____

Website: _____

Please enter the valid website(s) where you want to display the IDX solution.

By signing below, I represent and warrant the following: (1) I am an active member of CRMLS in good standing; (2) I agree to abide by all CRMLS Rules and Regulations; and (3) I have permission from my broker to display MLS data on my website.

Signature of Requestor: _____

Date: _____

By signing below, I represent and warrant the following: (1) I am the broker of record for the Requestor; (2) I have given permission to the Requestor to have CRMLS IDX listings on the Requestor's website; and (3) I agree to abide by all CRMLS Rules and Regulations.

Broker Name: _____

Please Print Name

Broker Signature: _____

My Web Site Vendor is:

Company Name: _____

Phone: _____

Contact Name: _____

E-Mail: _____

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