

**Contra Costa Association of REALTORS®  
Multiple Listing Service**

**IDX Program Consultant Information and Signature Page**

**NOTE TO CONSULTANT:** Please reproduce this page and create a separate Consultant Information and Signature form for each individual and/or company to whom you intend to provide access to the IDX data under this agreement.

Consultant Name: \_\_\_\_\_  
(Please Print)

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address \_\_\_\_\_

**Please note: You must supply an e-mail address here.** This address will be the Association's principal means of communicating with you for notices under this agreement.

\_\_\_\_\_  
Name of the Participant/Subscriber (Client) for whom you are providing IDX-related service

\_\_\_\_\_  
Name of Client's Firm

\_\_\_\_\_  
Client Mailing Address Suite \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
Client's E-mail address

**I CERTIFY THAT I HAVE RECEIVED A COPY OF THE FULL "DATA ACCESS AGREEMENT FOR INTERNET DATA EXCHANGE (IDX)" AGREEMENT TO WHICH THIS SIGNATURE APPLIES AND THAT I AGREE TO ABIDE BY THE RULES AND GUIDELINES SET FORTH WITHIN THAT AGREEMENT AND THE ASSOCIATED POLICIES AND DOCUMENTS.**

\_\_\_\_\_  
Consultant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

**NOTE TO CONSULTANT:** Be sure to enter into this IDX Data Access Agreement with the Association and every Participant/Subscriber for which you provide services. If you sign only one and that client's access to the IDX Data is terminated, you will not be able to get the data for your other clients.