

**Contra Costa Association of REALTORS®**  
**Multiple Listing Service**  
**IDX Program Participant/Subscriber Agreement**

Please select the Type of IDX Access:     **IDX via FTP** (utilizing 3<sup>rd</sup> party IDX vendor)         **IDX-EZ** (framed solution)

**I. DESIGNATED REALTOR®/BROKER/AUTH. BRANCH MANAGER SECTION**

Firm Name: \_\_\_\_\_ Office Code: \_\_\_\_\_

Participant (Designated Realtor®/Broker/Auth. Branch Manager): \_\_\_\_\_

Participant Member Number: \_\_\_\_\_ Website Address: \_\_\_\_\_

Participant 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.

Firm Street Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

This Agreement is entered into on behalf of the above-identified Firm by:

Participant Name	Participant Signature
Title	Date

**II. SUBSCRIBER/AGENT SECTION** *(only needed if the subscriber is not the broker above)*

**Subscriber Information:** The following information is required for Subscribers (agents) in your firm who wish to receive IDX Data.

Subscriber Name: \_\_\_\_\_ Member Number: \_\_\_\_\_

Subscriber 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.

Subscriber Website Address: \_\_\_\_\_

Subscriber Name	Subscriber Signature
Date	