



## CRMLS IDX REQUEST FORM

Agent Name: \_\_\_\_\_

Agent E-Mail: \_\_\_\_\_

Agent User ID: \_\_\_\_\_

Office Name: \_\_\_\_\_

Agent BRE#: \_\_\_\_\_

Office ID: \_\_\_\_\_

Agent Phone: \_\_\_\_\_

Office BRE#: \_\_\_\_\_

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: \_\_\_\_\_

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### My Web Site Vendor is:

Company Name: ProAgentWebsites.com

Phone: 801-913-5869

Contact Name: Douglas Greene

E-Mail: dg@proagentwebsites.com

**\*\*Please email completed form to [Licensing@crmls.org](mailto:Licensing@crmls.org) or fax to 909-978-3165\*\***