



IDX/VOW Data Access Agreement Signature Page

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the Effective Date set forth below.

RealTracs, Inc.	
By: _____ Stuart D. White	_____ Effective Date

Web Developer	
Web Developer Company: _____ Constellation Web Solutions	
Contact Name: _____ Dan Dhy	
E-mail address: _____ brokersolutions@constellationws.com <small>(You must supply an e-mail address here. This address will be RealTracs' principal means of communicating with you for notices under this Agreement.)</small>	
Mailing Address: _____ 6737 West Washington Street, Suite 2120	
City, ST, ZIP: _____ Milwaukee, WI 53214	
Phone: _____ 425-636-6910	Fax: _____ 866-299-4385
Billing Attention: _____ Betty Lynch	OR <input type="checkbox"/> Same as Above
Billing Address: _____ 6737 West Washington Street, Suite 2120	
Billing City, ST, Zip: _____ Milwaukee, WI 53214	
By: _____ <i>Dan Dhy</i> Web Developer's Signature	_____ 3/23/18 Date
_____ Dan Dhy Print Name	_____ Data & Compliance Manager Title
IDX Data for Site <input checked="" type="checkbox"/>	VOW Data for Site <input type="checkbox"/>
NOTES TO WEB DEVELOPER: 1) After this form is completed and returned to RealTracs, you will be sent login credentials for RETS access. 2) Login credentials must be provided to RealTracs staff for all Sites utilizing VOW Data.	

Participant and/or Affiliated Licensee and their corresponding Site(s):	
Real Estate Firm Name: Keller Williams Realty	
Office Code (aka Broker Code): KWRI 06	
User or Broker (requesting IDX):	_____
Website Address(es) (URLs):	_____

For additional sites and customers, attach the Additional IDX and VOW Customers and Sites form.

Signed form may be emailed to idx@realtracs.com.



IDX/VOW Data Access Agreement

Additional IDX and VOW Customers and Sites

Participant and/or Affiliated Licensee and their corresponding Site(s):
 Real Estate Firm Name: Keller Williams Realty
 Office Code (aka Broker Code): KWRI 09
 User or Broker (requesting IDX): _____
 Website Address(es) (URLs): _____

Participant and/or Affiliated Licensee and their corresponding Site(s):
 Real Estate Firm Name: _____
 Office Code (aka Broker Code): _____
 User or Broker (requesting IDX): _____
 Website Address(es) (URLs): _____

Participant and/or Affiliated Licensee and their corresponding Site(s):
 Real Estate Firm Name: _____
 Office Code (aka Broker Code): _____
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 Website Address(es) (URLs): _____

Participant and/or Affiliated Licensee and their corresponding Site(s):
 Real Estate Firm Name: _____
 Office Code (aka Broker Code): _____
 User or Broker (requesting IDX): _____
 Website Address(es) (URLs): _____

Web Developer

Web Developer Company: Constellation Web Solutions

Web Developer Login: _____

By: *Dan Dlhv*
Web Developer's Signature

3/23/18
Date

Dan Dlhv
Print Name

Data & Compliance Manager
Title

Signed form may be emailed to idx@realtracs.com.