



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
(You must supply an e-mail address here. This address will be RealTracs' principal means of communicating with you for notices under this Agreement.)

Mailing Address: _____
6737 West Washington Street, Suite 2120

City, ST, ZIP: _____
Milwaukee, WI 53214

Phone: _____ Fax: _____
425-636-6910 866-299-4385

Billing Attention: _____ **OR** Same as Above
Betty Lynch

Billing Address: _____
6737 West Washington Street, Suite 2120

Billing City, ST, Zip: _____
Milwaukee, WI 53214

By: _____
Web Developer's Signature
Dan Dhy

Date
3/23/18

Print Name
Dan Dhy

Title
Data & Compliance Manager

IDX Data for Site VOW Data for Site

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 09

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: _____
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 User or Broker (requesting IDX): _____
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 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): _____
 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.