



BROKER AUTHORIZATION FORM

As Broker/Owner of the office(s) listed below, I hereby acknowledge membership in Beaches MLS and I authorize BMLS to provide **Market Leader** the Licensed Content for the purpose of creating and developing a website for the undersigned and its agents.

My signature below represents that I am the Broker/Member or represent I have the Broker/Member's consent to grant this authorization. This consent and authorization is subject to the terms and conditions contained in the Agreement between BMLS and **Market Leader** for the licensing of Broker/Member's Licensed Content and RMLS Rules and Regulations.

BROKER/OWNER INFORMATION

Brokerage Name: KELLER WILLIAMS OF PORTST LUCIE Office Code 80 2428
Designated Broker: MICHAEL BRUE
Street Address: 9700 RESERVE BLVD
City, State, Zip: PORT ST. LUCIE, FL 34986
Office Phone: 772-236-5700
Broker Email: MICHAEL BRUE@GMAIL.COM
Number of Agents: 159
Designated Broker Signature
Print Name: MICHAEL J. BRUE
Signed: *Michael J. Brue*
Date: _____
Broker URLs (website) _____

BROKER AUTHORIZATION FOR AGENT WEBSITE

This certifies that the Agent below is actively participating in the buying and selling of real estate, is working under my broker designation and is an active member of BMLS in good standing. The named Agent has my permission, as the designated broker for the office above, to display Licensed Content on the named Agent's personal website.

This form does not allow an Agent to receive, copy, host or otherwise have access to the BMLS Database for Licensed Content. In order to display Licensed Content, the Agent must use one of the following methods:

Check one:

- Frame the website of the authorizing broker, or
 Have a website developed by Licensee named above

Authorized Agent Name: _____
Authorized Agent Phone: 772-236-5700
Authorized Agent Email: klrw947@kw.com
Authorized Agent URLs: _____
Domain Name: _____

All Parties understand and agree that only domain name URLs of BMLS Broker and Agents disclosed to **Market Leader** shall be provided Licensed Content by Licensee.

Send completed form to IDX@rapb.com or fax to 561-727-2245.