



SEDONA VERDE VALLEY ASSOCIATION OF REALTORS®

859 Cove Parkway, Suite 102
Cottonwood, Arizona 86326

PHONE: 928.282-5409
FAX: 928.282.3559

IDX/RETS Server Order Form For Direct Access to the Listing Data Download

Check one: _____ **IDX/RETS** _____ **VIRTUAL OFFICE WEBSITE (VOW)**

By signing and returning this form, the undersigned certifies that he or she is a subscriber of Sedona Verde Valley Association of REALTORS® (SVVAR) MLS in good standing and has agreed to comply with the SVVAR Multiple Listing Service (MLS) Rules and Regulations including, but not limited to, Section 17: INTERNET DATA EXCHANGE ("IDX"), Section 18: SECTION 18: VIRTUAL OFFICE WEBSITE ("VOW") and the Broker Reciprocity Broker Informational Packet & Technical Documentation. Complete copies of [SVVAR MLS Rules and Regulations](#) and of [Broker Reciprocity Broker Informational Packet & Technical Documentation](#) is posted on www.svvar.com.

SVVAR shall have the right to cancel or refuse participation of any person in the event of any failure to comply with any SVVAR MLS Rule or Regulation or if SVVAR has determined that Participation may damage SVVAR's reputation in any way or directly or indirectly diminish or impair SVVAR's rights in any way.

Service fees for IDX/RETS are \$200 per year billed to the **Web Designer/Consultant/Vendor** on page 2.

I choose to participate in IDX and receive direct access to the IDX RETS download in order to display listings from other participating brokers **on the following web site(s):**

Firm Information and Signature (All Fields Are Required)

Firm (Office) Name: _____ Firm MLS ID: _____

Designated Broker Name: _____ Broker MLS ID: _____

Broker E-mail Address: _____

Agent Name _____ Agent MLS ID: _____

Agent E-mail address: _____

Firm Street Address: _____

Firm City, ST, ZIP: _____

Firm Phone: _____ Fax: _____

Broker Signature _____ Date _____

Agent Signature _____ Date _____

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Web Designer/Consultant/Vendor Information and Signature

NOTE TO FIRM: Reproduce this page for each individual/company to whom you intend to provide access to the IDX RETS Data under this Agreement.

All Fields Are Required

Consultant Company Name: _____

Consultant's Name: _____

Consultant's E-mail address: _____
(You **must** supply an e-mail address. This address will be SVVAR's principal means of communicating with you for notices under this Agreement.)

Web address: _____

Consultant's Phone: _____

Requested RETS User/Agent: _____

Billing Information

Attn. to: _____

Street Address: _____

Billing City, ST, ZIP: _____

Billing E-mail address: _____

Billing Phone: _____ Fax: _____

Consultant's Signature Date

Print Name Title

NOTE TO CONSULTANT: Be sure to enter into this Access to IDX RETS data feed contract with SVVAR and every real estate broker to which you provide services. If you sign only one and that Firm's access to IDX RETS Data is terminated, you will not be able to get the data for your other clients.

Office Use Only: SVVAR Information and Signature

Entered into on behalf of SVVAR by