



## DATA LICENSE AGREEMENT FORM

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### Office Information and Signature

GAMLS Member Office Name: \_\_\_\_\_ GAMLS Office Code: \_\_\_\_\_

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

(For individual agents only, if for whole company leave this blank.)

Agent's Web address \_\_\_\_\_

Office Street Address: \_\_\_\_\_

Office City, State, ZIP: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Office Web address \_\_\_\_\_

E-mail address: \_\_\_\_\_

Entered into by: \_\_\_\_\_

\_\_\_\_\_  
Broker's Signature

\_\_\_\_\_  
Date

### Licensee Information and Signature

Licensee (Company or Individual) Name: Constellation Web Solutions

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Licensee Street Address: 6737 W. Washington Street, Suite 2120

Licensee City, State & Zip: Milwaukee, WI 53214

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

Entered into on behalf of Licensee by

David Dely  
Signature/Title

\_\_\_\_\_  
Date