

**Appendix B.**

**FORM: Adding/Dropping Internet Data Exchange**

This form permits you to opt in or out of the IDX program and to indicate whether listing addresses should be displayed on other IDX BROKERS' websites. If you opt in, you are considered an Internet Data Exchange Subscriber (IDXs). **This form must be filled out completely and signed by the Participant for your office. There are no exceptions.** Once you have filled it out and signed it, fax or mail it to HKAR MLS at 5375 N. Dixie Hwy, Elizabethtown, KY 42701, Fax: 270-769-2456.

Firm Name: \_\_\_\_\_ Participant:\_\_\_\_\_

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

(If you are becoming an IDXs, you **MUST** supply an e-mail address here. This address will be HKAR MLS's primary means of communicating with you about IDX developments.)

Firm Street Address: \_\_\_\_\_

Firm City, ST, ZIP: \_\_\_\_\_

Firm Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Should this form apply to any other offices of your firm? If so attach a separate page with a list of the offices to which this form should apply.

**CHECK ONE OF THESE TWO BOXES.** By so doing, you are agreeing to the understandings indicated next to it.

**Opting In:**

**MY FIRM IS AN INTERNET DATA EXCHANGE SUBSCRIBER.** I understand I am hereby giving every other Internet Data Exchange Subscriber in HKAR MLS permission to advertise my active MLS listings on their own website, subject to the Rules & Regulations of HKAR MLS. Other IDXs are not obliged to display my listings. I authorize HKAR MLS to distribute my active listing data to other IDXs pursuant to its Rules and policies.

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**Opting Out:**

**MY FIRM IS NOT AN INTERNET DATA EXCHANGE SUBSCRIBER.** I understand this means that other IDXs will not be permitted to display my listings on their websites. I further understand that my firm will receive no benefits under the IDXs program of HKAR MLS. My firm is not allowed to display the listings of other IDX BROKERS unless I receive permission from them individually to do so.

I am the Participant for the MLS office whose ID number first appears above. I signify I have authority to execute this form on behalf of my own office and all other offices listed above (if any).

Signature: \_\_\_\_\_ Effective Date \_\_\_\_\_

**APPENDIX D.**

**HKAR IDX Selection**

Please choose one of the following options for IDX delivery.

    IDX Framing link- Information about the framing link will be sent to the agent by email. The agent will be responsible for setting up their preferences before the links are used in their website.

\_\_\_\_\_  
Website:

\_\_\_\_\_  
Agent Email:

  X   IDX RETS feed- The login and feed will be created by HKAR staff. This information will be sent to the consultant who manages the agent's website. The agent is responsible for providing the consultant with a copy of the IDX packet.

\_\_\_\_\_  
RETS Url:

\_\_\_\_\_  
RETS User ID:

\_\_\_\_\_  
RETS Password:

\_\_\_\_\_  
Website:

[brokersolutions@constellationws.com](mailto:brokersolutions@constellationws.com)  
\_\_\_\_\_  
Consultant Email:

Feed Options: Choose One

    Actives

    Actives and Rentals

  X   Actives and Solds

    Active, Rentals, & Solds

\_\_\_\_\_  
Agent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Office

**APPENDIX E.**

**Web Page Consultant Information and Signature**

**NOTE TO AGENT/PRINCIPAL BROKER: Reproduce this page for each individual/company to whom you intend to provide access to the IDX data under this Agreement.**

Web Consultant (company or individual) Name: Constellation Web Solutions

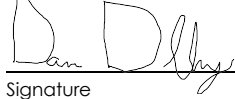
Consultant E-mail address: brokersolutions@constellationws.com  
(You **MUST** supply an e-mail address here. This address will be HKAR MLS's principal means of communicating with you for notices under this Agreement.)

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

Consultant City, ST, ZIP: Milwaukee, WI 53214

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

Entered into on behalf of Consultant by



Signature

Dan Dlhly

Print Name

Data & Compliance Manager

Title

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

**APPENDIX F.**

**FIRM Information and Signature**

Internet Data Exchange Contract entered into on behalf of Firm by:

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Firm Name:

\_\_\_\_\_  
Designated IDX Broker Name:

\_\_\_\_\_  
Email Address: (You *must* provide an e-mail address here. This agreement will be HKAR Search MLS's principal means of communicating with you for notices under this Agreement.)

\_\_\_\_\_  
Street Address: City: St: Zip Code:

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

**AGENT Information and Signature**

Internet Data Exchange Contract entered into by:

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Firm Name:

\_\_\_\_\_  
Webpage Address

\_\_\_\_\_  
E-mail Address: (You *must* supply an e-mail address here. This address will be HKAR Search MLS's principal means of communicating with you for notices under this Agreement.)

\_\_\_\_\_  
Street Address: City: St: Zip Code:

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

**BROKER Authorization for Agent Participation**

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Print Name Firm Name

**APPENDIX G.**

**IDX ACKNOWLEDGEMENT**

**I acknowledge that I have received and understand the Heart of Kentucky  
Association of REALTORS® IDX package.**

**Print Name** \_\_\_\_\_

**Firm** \_\_\_\_\_

**Date** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_