



Broker Data Extract Authorization Form For Third Party Vendors

Firm Name: _____
Firm License Number: _____
Firm Address: _____
City & Zip: _____
Phone: _____

Vendor Company Name: _____
Vendor Contact Name: _____
Vendor Address: _____
Vendor City & Zip: _____
Vendor Phone: _____

I authorize Realcomp II Ltd. to provide data extracts for my firm's listings, office and agent information to the above named vendor for inclusion on the following Realtor®, broker, or franchise public Internet and/or private corporate Intranet site(s). _____

In no event or under any circumstances shall Realcomp, its affiliates or authorized subcontractors be liable to _____ [Vendor] for damages of any kind whatsoever, including direct loss of profits, individual, incidental, consequential, punitive or special damages arising from this Authorization.

I hereby indemnify, defend and hold harmless Realcomp II Ltd. and their officers, directors, agents, affiliates, subcontractors and employees from any and all third party claims, demands, liabilities or expenses resulting from this Authorization.

I realize that I can withdraw my authorization at any time by contacting Realcomp.

(Designated REALTOR® Signature) (Date)

**Please sign & return this authorization notice
to have your listings exported to the listed third party vendor.**

**Please mail to: 28555 Orchard Lake Rd., Suite 200, Farmington Hills, MI 48334-2974
Or FAX to: 248-553-4244**