



## DATA FEED REQUEST FORM

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Agent Name: \_\_\_\_\_ MLS ID: \_\_\_\_\_

Agent Phone Number: \_\_\_\_\_

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

Office Name: \_\_\_\_\_

Are you currently working with an IDX vendor?  Yes  No

If so, what is the Vendor Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

Please forward completed paperwork to  
[datafeeds@ctxmls.com](mailto:datafeeds@ctxmls.com) and allow 48 hours for processing.