



## 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: \_\_\_\_\_

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

Licensee Street Address: \_\_\_\_\_

Licensee City, State & Zip: \_\_\_\_\_

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

Entered into on behalf of Licensee by: \_\_\_\_\_

Signature/Title Date