



• **DATA LICENSE AGREEMENT FORM**

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• **Office Information and Signature**

GAMLS Member Office Name: BROKERAGE GAMLS Office Code:

Agent Name: AGENT
(For individual agents only, if for whole company leave this blank.)

Office Street Address: BROKERAGE STREET ADDRESS

Office City, State, ZIP: BROKERAGE CITY STATE AND ZIP

Office Phone: BROKERAGE OFFICE # Office Fax:

E-mail address: AGENT'S EMAIL ADDRESS

Entered into by:

BROKER'S SIGNATURE

Broker's Signature

_____ Date

• **Consultant Information and Signature**

Consultant (Company or Individual) Name: Appsurdity, Inc. DBA Chime

E-mail Address: matt@appsurdity.com

Consultant Street Address: 364 University Ave

Consultant City, ST & Zip: Palo Alto, CA 94301-1715

Consultant Phone: (650) 762-8877 Consultant Fax: N/A

Entered into on behalf of Consultant by

Matt Murphy Matt Murphy/CMO

Signature/Title

_____ Date