



• **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.)

Office Street Address: \_\_\_\_\_

Office City, State, ZIP: \_\_\_\_\_

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

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

Entered into by: \_\_\_\_\_

\_\_\_\_\_  
Broker's Signature

\_\_\_\_\_  
Date

• **Consultant Information and Signature**

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

E-mail Address: **mls\_support@chimeinc.com**

Consultant Street Address: **420 E South Temple, Suite 270**

Consultant City, ST & Zip: **Salt Lake City, UT 84111**

Consultant Phone: **801-917-5860** Consultant Fax: **N/A**

Entered into on behalf of Consultant by

\_\_\_\_\_  
*M. Landayon*  
Signature Title

\_\_\_\_\_  
Date