

IDX SERVICES AGREEMENT

This agreement is made between _____ (Client)
 with a principal place of business at _____,

and Computer Images of Pueblo, 837 EL Nido Dr, Pueblo West, CO 81007. (719) 547-7969 **FAX ORDER TO: 866-242-3580**

ORDER		Fax :
URL for this Order :		
Contact Person / phone for this Order:		
E-Mail address for leads (can have 2)		
Phone numbers you want shown on e-flyer :		
Address you want shown on your e-flyer:		
SERVICES		
MLS Board :	One Time Set Up Fee	
Please Select One: Monthly <input type="checkbox"/> or Annual <input type="checkbox"/>		
	Total Due	
Set Up Questions :		
Do you want us to set up your personal or company listings as a separate link?		
If you would like us to set up your IDX please provide your website login & password. Please provide your web designer's email if you would like us to email set up instructions to them.		

PAYMENT

VISA [<input type="checkbox"/>] MC [<input type="checkbox"/>] AMEX [<input type="checkbox"/>] DISCOVER [<input type="checkbox"/>] Make checks payable to: Computer Images of Pueblo 837 El Nido Dr. Pueblo West, CO 81007 For Office Use Only Date : _____ Approval # : _____	Name on Credit Card: _____ Billing Address for Credit Card: _____ Billing City / St / Zip for Credit Card: _____ Credit Card No: _____ Exp: _____
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TERMS AND CONDITIONS

The undersigned hereby authorizes Computer Images of Pueblo to debit the listed credit card monthly and/or annually (if applicable) for payment of fees for the services indicated herein. Computer Images of Pueblo will debit fees on the last day of the month for the next month in advance. The charges will be debited thereafter unless either party notifies the other party, in writing, no less than (30) days prior, of intent to cancel services outlined herein. The authorized signature is considered acceptance of these terms & conditions and is non-cancelable after 48 hours of the signature date. For full and complete understanding of the terms and conditions within this document go to www.ciop.com/terms.htm

I understand the services as outlined above and agree to the Terms and Conditions for services and acknowledge, if applicable, monthly/annual credit card billing in the amount(s) stated above.

Authorized Signature	Date
Computer Images of Pueblo	Date
For Office Use Only: Inv: _____ Date : _____	

If you have any questions, please contact
 Ammie Thomas
 877-547-7969 / 719-547-7969
 866-242-3580 Fax
 ammie@ciop.com