

**Broker Agreement
IDX/Reciprocal/Cooperative Advertising**

I have read the Rules and Regulations of the Bay Area Real Estate Information Services, Inc.*, regarding the cooperative/reciprocal agreements to permit or not permit other Brokers to advertise my listings or the listings of my firm on the Internet.

Further, I understand I have the right to accept or reject participation in this program. I understand I may not participate in this program until I have completed this agreement.

* BAREIS Rules and Regulations may be viewed at <http://www.bareis.com/private/rules-regulations.html>

Name (Print or Type): _____

Company Name: _____

Signature: _____

Select One of the Two Choices Below

To "Opt" In: I agree to participate in the cooperative/reciprocal advertising program and authorize all BAREIS subscribers associated with my firm to participate. I understand all of my listings will automatically be coded "YES" to the question "Permit other Brokers to Advertise". Listings may still be excluded from being transmitted to the Internet by the seller. I am granting blanket permission to other Brokers participating in the program to advertise the listings of my firm within the Rules and Regulations of the Bay Area Real Estate Information Services, Inc.

Name (Print or Type): _____

Company Name: _____

Signature: _____

Date: _____

-- OR --

To "Opt" Out: I do not want to participate in the cooperative/reciprocal advertising program and understand that none of the BAREIS subscribers associated with my firm will be permitted to participate. I will indicate "NO" on each of my listings, or the listings of my firm, to the question "Permit other Brokers to Advertise" through the listing input process on all listings from this firm. Further, I understand that I and anyone associated with my firm may not advertise the listings of other Brokers within this program without securing specific written permission from the Broker or opting back into the program within the Rules and Regulations of the Bay Area Real Estate Information Services, Inc.

Name (Print or Type): _____

Company Name: _____

Signature: _____

Date: _____

Please mail this completed form to the address below or fax to: Attn: Membership, 707-577-0140

