

MEMX Exchange Data Order Form

Initial Subscription
 Amended Subscription

DATA RECIPIENT INFORMATION			
Company Name:		Date:	
Address of Principal Office:			
City:	State:	Zip Code:	
BILLING ADDRESS			
Address of Billing Office:			
City:	State:	Zip Code:	
BUSINESS CONTACT		BILLING CONTACT	
Name:		Name:	
Title:		Title:	
Email:		Email:	
Phone:	Fax:	Phone:	Fax:
MARKET DATA ADMINISTRATOR		TECHNICAL CONTACT	
Name:		Name:	
Title:		Title:	
Email:		Email:	
Phone:	Fax:	Phone:	Fax:

DATA FEED SUBSCRIPTION / CHANGE REQUEST			
Data Feed	Add	Remove	Effective Date
MEMOIR Depth	<input type="checkbox"/>	<input type="checkbox"/>	
MEMOIR Top	<input type="checkbox"/>	<input type="checkbox"/>	
MEMOIR Last Sale	<input type="checkbox"/>	<input type="checkbox"/>	

DISTRIBUTION TYPE	
Internal Distribution: Will your organization use MEMX data internally?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Affiliates: Will your organization distribute MEMX data to Affiliates*? If yes, please complete the MEMX List of Affiliates.	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Affiliate shall include any entity that, from time to time, directly or indirectly controls, is controlled by, or is under common control with such party, where control means the power to direct or cause the direction of the management of policies of another entity, whether through the ownership of voting securities, by contract, or otherwise.	
External Distribution: Will your organization distribute MEMX data externally?	<input type="checkbox"/> Yes <input type="checkbox"/> No

I certify that the information provided above is accurate.

Signature of Data Recipient Authorized Representative

Title

Printed Name

Date

MEMX Market Access Order Form

CONNECTIVITY

Data Center Location: Primary [TBD Data Center Name/Address]

Subscription Type: New Existing

Direct Connection (Proximity – Colocation Cross Connect)

Direct Telco Connection

Circuit Provider: _____

Extranet Service Provider

BT Radianz CenturyLink

ICE BSO

Other: _____

Routing Type: Static BGP

Client Source Address: _____

(If BGP): Public Autonomous System (AS) Number: _____

Data Center Location: Secondary [TBD Data Center Name/Address]

Subscription Type: New Existing

Direct Connection (Proximity – Colocation Cross Connect)

Direct Telco Connection

Circuit Provider: _____

Extranet Service Provider

BT Radianz CenturyLink

ICE BSO

Other: _____

Routing Type: Static BGP

Client Source Address: _____

(If BGP): Public Autonomous System (AS) Number: _____