

Schedule 1
To Information License Agreement
Licensee Profile

Schedule 1 Effective Date: _____

Agreement Effective Date: _____

1. Licensee Details:

Licensee Name	
Registered Address	
Billing Address (if different)	
Website	

2. Authorized Contacts:

Contact Role	Name	Title	Phone Number	Email Address
Primary				
Reporting				
Billing				
Notices				

2.1 An Authorized Contact may have more than 1 role.

2.2 A minimum of two (2) different and current Authorized Contacts are required, and Licensee will timely update as needed.

2.3 As of the Schedule 1 Effective Date, this Schedule 1 supersedes every prior Schedule 1 executed by the parties.

3. Personal Data

3.1 Personal Data obtained will be used in accordance with the Privacy Policy.

IN WITNESS WHEREOF, each of the Parties has caused this Schedule to be duly executed in its name and on its behalf by the officer or representative duly authorized.

	Licensee	CME
Signature		
Print Name		
Title		
Company		
Date of Signature		