



Exhibit F-13: EXCHANGE DATA ORDER FORM

Initial Subscription
 Amended Subscription

DATA RECIPIENT INFORMATION			
Company Name:		Date:	
Address of Principal Office:			
City:	State:	ZIP:	
BILLING ADDRESS			
Address of Billing Office:			
City:	State:	ZIP:	
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
GEODE Top	<input type="checkbox"/>	<input type="checkbox"/>	
GEODE Depth	<input type="checkbox"/>	<input type="checkbox"/>	
GEODE Last Sale	<input type="checkbox"/>	<input type="checkbox"/>	
GEODE Historical	<input type="checkbox"/>	<input type="checkbox"/>	

DISTRIBUTION TYPE	
Internal Distribution: Will your organization use GIX data internally?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Affiliates: Will your organization distribute GIX data to affiliates*?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If yes, please complete the GIX List of Affiliates.</p> <p><small>*Affiliate includes 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.</small></p>	

External Distribution: Will your organization distribute GIX data externally? Yes No

I certify that the information provided above is accurate.

Signature of Data Recipient Authorized
Representative

Title

Printed Name

Date

Market Data Access Order Form

CONNECTIVITY

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

Subscription Type: New Existing

Direct:

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:

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:** _____