



Exhibit F-13

July 29, 2025

TXSE 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
TXSE Depth	<input type="checkbox"/>	<input type="checkbox"/>	
TXSE Top	<input type="checkbox"/>	<input type="checkbox"/>	
TXSE Last Sale	<input type="checkbox"/>	<input type="checkbox"/>	
TXSE Historical Data	<input type="checkbox"/>	<input type="checkbox"/>	

DISTRIBUTION TYPE

Internal Distribution: Will your organization use TXSE data internally? ☐ Yes ☐ No

Affiliates: Will your organization distribute TXSE data to Affiliates*? ☐ Yes ☐ No
If yes, please complete the TXSE List of Affiliates.

***"Affiliate"** of a party 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 TXSE data externally? ☐ Yes
☐ No

I certify that the information provided above is accurate.

Signature of Data Recipient Authorized
Representative

Title

Printed Name

Date

CONNECTIVITY

Data Center Location: ☐ Primary – Secaucus (NY3), 600 Jefferson Avenue, Secaucus, NJ 07094

Subscription Type: ☐ New ☐ Existing

☐ Direct Connection (Proximity – Colocation Cross Connect)

☐ Direct Telco Connection

☐ Circuit Provider: _____

☐ Extranet Service Provider:¹ _____

Routing Type: ☐ BGP

Client Source
Address _____

Public Autonomous System (AS) Number: _____

Data Center Location: ☐ Secondary – Dallas (DA11), 1990 North Stemmons Freeway, Dallas, TX 75207

Subscription Type: ☐ New ☐ Existing

☐ Direct Connection (Proximity – Colocation Cross Connect)

☐ Cross Connect via POP at 350 Cermak Road, Chicago, IL

☐ Direct Telco Connection

☐ Circuit Provider: _____

☐ Extranet Service Provider:¹ _____

Routing Type: ☐ BGP

Client Source
Address _____

Public Autonomous System (AS) Number: _____

¹ The listed extranet service provider will have to execute an Extranet Addendum to the Connectivity Services Agreement.