



Exhibit F-13

| ~~January 31~~ 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: <input type="checkbox"/> Primary – Secaucus (NY3), 600 Jefferson Avenue, Secaucus, NJ 07094
	Subscription Type: <input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Direct Connection (Proximity – Colocation Cross Connect) <input type="checkbox"/> Direct Telco Connection <input type="checkbox"/> Circuit Provider: _____ <input type="checkbox"/> Extranet Service Provider: ¹ _____
	Routing Type: <input type="checkbox"/> Static <input type="checkbox"/> BGP Client Source Address _____ (If BGP): Public Autonomous System (AS) Number: _____
	Data Center Location: <input type="checkbox"/> Secondary – Dallas (DA11), 1990 North Stemmons Freeway, Dallas, TX 75207
	Subscription Type: <input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Direct Connection (Proximity – Colocation Cross Connect) <input type="checkbox"/> Cross Connect via POP at 350 Cermak Road, Chicago, IL <input type="checkbox"/> Direct Telco Connection <input type="checkbox"/> Circuit Provider: _____ <input type="checkbox"/> Extranet Service Provider: ¹ _____
	Routing Type: <input type="checkbox"/> Static <input type="checkbox"/> BGP Client Source Address _____ (If BGP): Public Autonomous System (AS) Number: _____

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

