		*Association: TCAR	LYVAR WCAR	2016					
*Date: PACMI		PACMLS IDX INTE	RNET AGREEMENT	IDX					
PA	CIFIC REGIONAL MULTIPLE L								
*		`		ticipant/Licensee of PACMLS, and					
*			u 1 ai	ticipand Dicensee of 171011125, and					
 [FI]	LL IN NAMES OF ALL 3RD PARTY COMPU	TER EXPERTS OR CONSUI	LTANTS (CONSULTANT USE	D IN CONNECTION WITH DOWNLOADING)]					
ПЕ	EREBY AGREE AS FOLLOWS:								
1.									
	database to the Participant's own database ("download") commencing as of date hereof and terminating as herein after specified.								
2.	WARRANTY THAT CONSULTANT IS PARTY TO THE AGREEMENT. Participant hereby warrants that the name(s) of all third party computer experts, consultants, or Internet Service Providers (collectively, "Consultant") who are not employees of								
2	Participant are listed above as a party to this Agreement.								
3.	. CONSULTANT NOT TO TAKE INFORMATION FROM PARTICPANT'S POSSESSION. Participant agrees not to permit Consultant to take, and Consultant agrees not to take, any information whatsoever from PACMLS' database from								
	Participant's possession or control	for the use of others not		ent, either during the time Consultant is					
1	performing services for Participant, or thereafter.								
4.	. DOWNLOADING PROCEDURE. The process and procedure for downloading shall be in accordance with procedures as may be determined by PACMLS from time to time in its sole discretion. MLS data updates must occur no less than every 12 hours.								
5.	5. REPUBLICATION OF DATABASE. Participant may republish all or a portion of PACMLS' database in strict compliance								
with PACMLS then current Rules and Procedures on a public Internet web site controlled by Participant and claudertised as Participant's Internet web site. No syndication permitted at this time.									
6.			ACMLS shall have the right at any time, and in PACMLS' sole discretion, to terminate						
		ant. Delivery of such written notice to							
	Participant shall constitute delivery downloading upon receipt of such no		to Consultant. Both Par	rticipant and Consultant agree to cease					
7.									
either deliver all portions of information theretofore transferred from PACMLS' database (downloaded) by Par									
PACMLS, or, if PACMLS approves the delivery in writing, to another Participant of PACMLS. 8. ORDER OF SIGNATURE OF AGREEMENT. This Agreement shall be signed by the Participant, and all Co									
forwarded to PACMLS.									
	ALL FIELDS MARKED WI	TH * MUST BE ANSW	ERED OR AGREEMEN	NT WILL NOT BE APPROVED.					
PA	RTICIPANT ("DESIGNATED BROKER") /	LICENSEE ("AGENT/BROK *PRINT NAMI							
*E-	MAIL (BELOW): FAX#:								
			:						
	THE PARTICIPANT/LICENSEE IS RESPONSIBLE TO C	*OFFICE:							
AND NOTIFY THIRD PARTY COMPUTER CONSULTANT(S) OF THE COMPLETION OF THIS IDX INTERNET AGREEMENT.		NT(S) OF *CONTACT P	HONE:	EXT:					
L									
*W	EBSITE URL (WHERE IDX WILL BE DISP	'LAYED):							
	SIGNATED OKER:		I						
	(*PRINT)		(*SIGN)						
	IRD PARTY COMPUTER								
EX	PERT(S) OR CONSULTANT(S):	*COMPANY:							
	HONE:	*CONSULTAN	NT (PRINT):						

*CONSULTANT (SIGN): COMPUTER CONSULTANT: PLEASE USE ADDITIONAL SHEET FOR RETS ACCOUNT SETUP. THIS SECTION SIGNED BY AUTHORIZED STAFF ONLY PACIFIC REGIONAL MULTIPLE LISTING SERVICE (PACMLS AUTHORIZATION SIGNATURE)

FAX: (509)735-2572 $TCAR \ / \ LYVAR \ / \ WCAR \ Email \ Form \ To: \ \underline{Dave@RealtorAMC.com}$

BY:

RETS ACCOUNT SETUP

RETS ACCOUNTS WILL NOT BE SI FORM AND APPROVED BY THE AS			MATION HAS	S BEEN FILLI	ED-OUT ON	ΓHIS
* IF YOU ALREADY ACCESS A RETS	FEED FOR AN	OTHER AGI	ENT/OFFICE,	PLEASE CHE	CCK THIS BO	X
[If you already have a RETS	IDX VENDOR account with PA				out each time	?.
THE URL ADDRESS FOR YOUR RE			x/PACMLS	6/login?rets	-version=re	ets/1.7.2
IMPORTANT: The following information (not the Office/Agent/Broker being service company that will be accessing the RETS office immediately and supply updated I report, indicating which PACMLS members.	eed). Please fill of information. If yo ogin/password in	out the follow ou change pe formation. I	ving information ving information ving information ving ving ving ving ving ving ving vin	on indicating the cour responsibi	e contact perso	on from your he PACMLS
* Indicates a required field	* * * PL	EASE PRINT	LEGIBLY * * *	•		
* First Name (IDX Contact):					-	
* Last Name (IDX Contact):					-	
* Company ("IDX Vendor's") Name: _						
Additional Contact's Name (if any):						
Login Name and Password must be less						
* Login Name:						
* Password: <i>Password will be automat</i>				email.		
* E-Mail Address:						
Company Website:						
* Company Address:						
* City:	* State:					
* Contact Phone:	I	Ext:	* FAX:			
* Last 4 of Social Security (or other ref	erence) Number:					
SSN/ref# is only used for security purposes					ay choose not to	give us this

information but we will not be able to give you login name or password information over the phone.

FAX: (509)735-2572