*Date: _____   **PACMLS** IDX INTERNET AGREEMENT   **IDX** 2015

PACIFIC REGIONAL MULTIPLE LISTING SERVICE ("PACMLS"),

*_____ a **Participant/Licensee** of PACMLS and

*___ Constellation Web Solutions _____

[FILL IN NAMES OF ALL 3RD PARTY **COMPUTER EXPERTS OR CONSULTANTS** (CONSULTANT USED IN CONNECTION WITH DOWNLOADING)]

HEREBY AGREE AS FOLLOWS:

1. **GRANT OF LICENSE.** PACMLS hereby grants Participant a license to electronically transfer information from PACMLS' 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 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 a party to this agreement, either during the time Consultant is 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. **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 clearly advertised as Participant's Internet web site. No syndication permitted at this time.**
6. **RIGHT TO TERMINATE LICENSE.** PACMLS shall have the right at any time, and in PACMLS' sole discretion, to terminate the right to transfer information (download) forthwith upon written notice to Participant. Delivery of such written notice to Participant shall constitute delivery of said written notice to Consultant. Both Participant and Consultant agree to cease downloading upon receipt of such notice.
7. **TERMINATION OF PARTICIPATION.** Upon termination of Participation or transfer to inactive status, Participant shall either deliver all portions of information theretofore transferred from PACMLS' database (downloaded) by Participant to 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 Consultants, and forwarded to PACMLS.

ALL FIELDS MARKED WITH * MUST BE ANSWERED OR AGREEMENT WILL NOT BE APPROVED.

PARTICIPANT ("DESIGNATED BROKER") / LICENSEE ("AGENT/BROKER"):

*PRINT NAME: _____

*E-MAIL (*BELOW*):   FAX#: _____

*SIGNATURE: _____

_____

*OFFICE: _____

| THE PARTICIPANT/LICENSEE IS RESPONSIBLE TO CONTACT AND NOTIFY THIRD PARTY COMPUTER CONSULTANT(S) OF THE COMPLETION OF THIS IDX INTERNET AGREEMENT. |

*CONTACT PHONE: _____ EXT: _____

*WEBSITE URL (WHERE IDX WILL BE DISPLAYED): _____

DESIGNATED
BROKER: _____ | _____
          (*PRINT)   (*SIGN)

THIRD PARTY COMPUTER
EXPERT(S) OR CONSULTANT(S):

*COMPANY: ___ Constellation Web Solutions _____

*PHONE: _425-636-6910_____

*CONSULTANT (PRINT): _Dan Dlhy_____

*CONTACT E-MAIL / WEBSITE (*BELOW*):

*CONSULTANT (SIGN): _Dan Dlhy_____

brokersolutions@constellationws.com

COMPUTER CONSULTANT: PLEASE USE ADDITIONAL SHEET FOR RETS ACCOUNT SETUP.

PACMLS PHONE: (509) 783-2184   FAX: (509) 735-2572   E-MAIL: Dave@TriCityAoR.com   05/21/2015

ALL PAGES OF COMPLETE DOCUMENT MUST BE SUBMITTED TOGETHER BEFORE FORM IS APPROVED

RETS ACCOUNT SETUP

RETS ACCOUNTS WILL NOT BE SET UP UNTIL ALL INFORMATION HAS BEEN FILLED-OUT ON THIS FORM AND APPROVED BY THE ASSOCIATION OFFICE.

* **IF YOU ALREADY ACCESS A RETS FEED FOR ANOTHER AGENT/OFFICE, PLEASE CHECK THIS BOX** ☐

_____

[IDX VENDOR FILLS OUT THIS PAGE]

THE URL ADDRESS FOR YOUR RETS ACCOUNT WILL BE:

https://pacmls.rets.paragonrels.com/rets/fnisrets.aspx/PACMLS/login?rets-version=rets/1.7.2

IMPORTANT: The following information pertains to the Third-Party Computer Expert/Consultant's ("IDX Vendor") information (not the Office/Agent/Broker being serviced). Please fill out the following information indicating the contact person from your company that will be accessing the RETS information. **If you change personnel, it is your responsibility to notify the PACMLS office immediately and supply updated login/password information. IDX Vendor must also provide at least a quarterly audit report, indicating which PACMLS members they are providing services for.**

* **Indicates a required field** * * * **PLEASE PRINT LEGIBLY** * * *

* First Name (IDX Contact): __Dan__

* Last Name (IDX Contact): __Dlhy__

* Company ("IDX Vendor's") Name: __Constellation Web Solutions__

Additional Contact's Name (if any): __Trevor Peterson__

*Login Name and Password must be less than 20 characters and **IS** case-sensitive*

* Login Name: _____

* Password: _____

* E-Mail Address: __brokersolutions@constellationws.com__

Company Website: __http://constellationws.com__

* Company Address: __6737 West Washington Street, Suite 2120__

_____

* City: __Milwaukee__   * State: __WI__   * Zip: __53214__

* Contact Phone: __425-636-6910__   Ext: _____   * FAX: _____

* Last 4 of Social Security (or other reference) Number: _____

SSN/ref# is only used for security purposes to verify caller when asking for account personal information. You may choose not to give us this information but we will not be able to give you login name or password information over the phone.