



## 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): \_\_\_\_\_

\* Last Name (IDX Contact): \_\_\_\_\_

\* Company ("IDX Vendor's") Name: \_\_\_\_\_

Additional Contact's Name (if any): \_\_\_\_\_

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

\* Login Name: \_\_\_\_\_

\* Password: \_\_\_\_\_

\* E-Mail Address: \_\_\_\_\_

Company Website: \_\_\_\_\_

\* Company Address: \_\_\_\_\_

\_\_\_\_\_

\* City: \_\_\_\_\_ \* State: \_\_\_\_\_ \* Zip: \_\_\_\_\_

\* Contact Phone: \_\_\_\_\_ 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.