

MEMBER LIST RENTAL AGREEMENT

| Name: | |
|--|---|
| Company: | |
| Phone: E-mail: | |
| | |
| TERMS | PRICING |
| The IAAPA member list will be provided at no cost to members once every calendar year upon request. An administrative fee will be charged for additional requests | □ IAAPA member in good standing, first request in current calendar year: Included with membership □ IAAPA member in good standing, additional request in |
| within the same calendar year. IAAPA agrees to provide its member list for one-time use only, and only for the purposes explicitly approved by IAAPA. Use of the IAAPA name in any form is NOT | current calendar year: \$200 USD MEMBER TYPE SELECTION |
| authorized. | (Selections do not affect pricing) |
| The Licensee acknowledges and agrees that IAAPA is the sole owner of all right, title, and interest in and to the contents of its member list. IAAPA hereby grants to Licensee a nonexclusive, nontransferable, limited license to the contents of the member list solely to be used one | ☐ Amusement facilities |
| | ☐ Industry manufacturers and suppliers |
| time only as set forth in this Agreement. | PAYMENT |
| The Licensee agrees that in using IAAPA's member list, Licensee will NOT sell, disclose, transfer, duplicate, reproduce, or retain any portion of the list/file in any form whatsoever. | A check, bank draft, or money order under \$200 USD drawn on a foreign bank can not be accepted due to the cost of processing. |
| The Licensee agrees to reimburse IAAPA for all costs that IAAPA may incur to enjoin unauthorized parties from using the member list in all cases where such unauthorized parties gain access to the member list through or from the | Wire transfer information: |
| | Bank of America, 1501 Pennsylvania Ave., NW, Washington, DC 20005 |
| Licensee or any of the Licensee's agents or employees. | ACCT # 0020-866-30597, ABA#: 026009593, and SWIFT/BIC: BOFAUS3N. |
| The Licensee agrees that IAAPA will have the right to monitor the use of its member list. | Please send a copy of the wire transfer confirmation with this form. Please send ONE: |
| No e-mail addresses, telephone, or fax numbers will be provided. Business types and positions will be provided when available. | ☐ Wire transfer in the amount of \$ |
| The List contains information provided by IAAPA members. IAAPA assumes no responsibility on the accuracy of the data. | ☐ Check payable to IAAPA in the amount of \$ ☐ Charge the amount of \$ to my credit card: |
| List will be provided via e-mail in Excel format 24-48 hours after payment is processed. | |
| IAAPA reserves the right to pursue any and all legal remedies from any person or entity who violates its right | Exp. Date: |
| in its member list. | CVC (3-4 digits on back): |
| Renter's signature indicates complete acceptance of the conditions and constitutes a binding agreement between IAAPA and the Licensee. | |
| Signature (required): | |
| | |