716 West Meeker St., Suite 101, Kent, WA 98032 Office: 253-852-3000 Fax: 253-852-1417 Website: www.aroundtheclockinc.com E-mail: info@aroundtheclockinc.com

Exclusive Rental Listing Agreement

THIS AGREEMENT dated this	day of	
		hereinafter designated as "OWNER" and "Around
The Clock, Inc.", hereinafter design	nated as "AGENT" and	d who represents the Owner in all transactions specific
to this property.		
WITNESSETH: In consideration of	the mutual promise	s and covenants herein contained, the Owner and the
Agent agree as follows:		
1. <u>EXCLUSIVE AGENCY</u>	: The Owner hereby	exclusively grants the Agent the right to enter, offer,
show and rent or lease the propert	Total Control	
CityWA, Zip	for the perio	od of one hundred and eighty (180) days beginning on
the day of	, 20 Sho	ould the Owner prior to its ending date give written
Termination Notice during the one	hundred and eighty	(180) day period, a cancellation fee of \$500.00 shall be
due to the Agent immediately.		
		e law requires Real Estate Licensees to disclose to all
parties to whom the Licensee ren	iders Real Estate Bro	okerage services whether the Licensee represents the
	A THE STATE OF THE	or and the Tenant/Lessee, or neither. You are advised
that the Agent signed on this docu	ment represents the	Owner/Lessor. The Owner acknowledges receiving the
pamphlet entitled, "The Law of Rea	al Estate Agency."	
VIII VIII VIII VIII VIII VIII VIII VII		hall use best efforts to rent vacant space. Owner
<u> </u>	\	the property which includes signage, advertising and
_	_	vertise or compete with Agent for tenant leads. The
_	· ·	other Real Estate Brokers to aid in renting of said
	-	le of rent payments for efficient office operations. The
Owner authorizes the Agent to adju	ust rent amount acco	unting to current market conditions.
4. AGENT AUTHORITY	DECADDING LEASES	The Agent shall, in cooperation with the owner, have
·		el, terminate, settle, compromise, release or reinstate
	=	t property. The Owner shall receive copies of current
	= -	with these actions, shall be the responsibility of the
•	ses, in conjunction	with these actions, shall be the responsibility of the
owner.		
5. CONDITION OF PR	OPERTY : The Own	er warrants and assumes the responsibility that all
· · · · · · · · · · · · · · · · · · ·		air, and are in conformity with Washington State laws
premius sumpsidentes de une prem		•
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taken care of properly. Lead expos	ure is especially harmful to	young children and pr	egnant women. Before
renting pre-1978 housing, landlords	-		· · · · ·
paint hazards in the dwelling. Tens	ants must also receive a fe	derally approved pam	phlet on lead poisoning
prevention.			
Lessor's Disclosure (initial)			-1-)
	ed paint or lead-based paint	Action 1997	
D Kilowii leau-based	d and/or lead-based paint ha	izarus are present in tr	le riousing (explain).
☐ Lessor has no kr housing.	nowledge of lead-based pa	int and/or lead-base	d paint hazards in the
b. Records and reports	available to the lessor (chec	k one below):	
🗖 Lessor has provid	led the lessee with all avai	lable records and rep	orts pertaining to lead-
based			¥
paint and/or lead-bas	ed paint hazards in the hous	sing (list documents be	low).
Lessor has no repo	orts or records pertaining to	lead-based paint and/	or lead-based paint
hazards in the housing	g.		
If property is built before 1978, Ag		with the above informa	ation and a copy of the
pamphlet "Protect Your Family From	Lead In Your Home".		
7. OWNER'S RESPONSION inspection with the Tenant and for copy of the inspection be given to the property; this is the O	the Tenant. The Agent is no	esidential Landlord Te	nant Act requires that a
8. <u>SEPARATION OF OW</u> Owner, less any sums properly ded shall be deposited in a trust accoun shall not be co-mingled with the fur or failure of a depository.	t maintained by the Agent f	nt to any of the provis or the deposit of mon	sions of this agreement, ies for the Owners, and
9. <u>LEASE COMMISSION:</u> for a lease, or month-to-month tena acknowledges that should an approvaid holding fee shall be split 50/50 between the Managers involved in the second sec	ved applicant forfeit his/her between the Owner and th	des all of the advertisin holding fee after bein e Agent. The Agent's	g expenses. The Owner g approved as a Tenant, portion shall be divided
10. SCREENING FEES: A accessing credit reports and invest money to recover actual cost.	II screening fees charged to igative information are ret		The Agent retains this
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and local regulations. The Owner hereby discloses all information about the property that would substantially

1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not

LEAD-BASED PAINT AND LEAD-BASED PAINT HAZARDS DISCLOSURE: Housing built before

adversely affect the value of said property.

6.

11.	·		<u>OSIT:</u> The Owner understands the	
	= :		Washington according to the Resid	
	he Security/Damage I	Deposit shall be held in	Tenant's name, in Owner's trust and	will be
held at				
12.			I STATE: The Owner acknowledges a	
basic provision	ns of the statute, and	understands that the A	gent will act according to the statute	2.
13.		-	ify, defend and hold harmless said Ag	
	_		, act of the Owner to third parties with the express or implied consen	
•	_		ntenance and/or repairs.	t of the Owner,
and costs incu	rreu, legal all allgellie	ints of supervising man	iteriance and/or repairs.	
14.	ATTORNEY FEES: S	hould legal action or	arbitration be instituted by either	narty herein to
			e prevailing party in such action sha	
	reasonable attorney	4111111		
, ,	,			
15.	ADDENDUM ATTAC	CHED: Addendum is	attached hereto, it shall become	e apart of this
Agreement.	Property Descr	ption Addendum,	Multiplex Addendum Pet Add	endum
Other				·
T		\		
	4000000 1		their heirs, executors, administra	
and/or assigns	s. Any changes to this	Agreement must be in	writing and signed by all parties con	cernea.
AGENT SIGNA	TURE:		DATE	
DESIGNATED	BROKER SIGNATURE:		DATE	
OWNER SIGNA	ATURE:		DATE	
ADDRESS (CIT	Y, STATE, ZIP):			
WORK PHONE	:	_ HOME PHONE:	CELL PHONE:	
SS#:			_ EMAIL:	
OMBIED SIGN	4=110=		DATE	
OWNER SIGNA			DATE	
ADDRESS (CIT	Y, STATE, ZIP):			
WORK PHONE		HOME PHONE:	CELL PHONE:	
				_
REFERRING AC	GENT:			
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