

SUPRA LOCKBOX TRANSFER FORM

Marin Association of REALTORS® Supra Lockbox Transfer Form

Existing Lockbox Owner Information

Name: _____ Agent ID (Member #): _____

Office Name: _____ Agent Phone: _____

The following lockbox(s) are being transferred to the agent listed below (list serial numbers). The owner listed above has verified that the transferee below is eligible to have these boxes:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Owner's Signature: _____

Agent/Office ID*: _____ Date: _____

NEW Lockbox Owner Information

Transferee's Name: _____

Agent ID: _____ Phone #: _____

Company: _____ Key #: _____

By signing below, the new lockbox owner acknowledges receipt of the lockboxes referenced above.

Signature: _____ Date: _____