

# Arlington Board of REALTORS

## KEYBOX\SUPRA KEY ISSUE RECEIPT

Pin Code: \_\_\_\_\_

NRDS#: \_\_\_\_\_

Agent Name \_\_\_\_\_

License# \_\_\_\_\_

Date \_\_\_\_\_

### SUPRA KEYPAD

ActiveKEY \_\_\_\_\_

Supra Lease/Ins. \_\_\_\_\_

Supra Deposit \_\_\_\_\_

Total Supra Key \_\_\_\_\_

eKEY \_\_\_\_\_

Keybox/IBox \_\_\_\_\_

Shackle Code \_\_\_\_\_

CBS Code \_\_\_\_\_

Amount \_\_\_\_\_

### REPLACEMENT

Old#: \_\_\_\_\_

New #: \_\_\_\_\_

Malfunction [ ]

Damaged [ ]

Lost\Stolen [ ]

Cash \_\_\_\_\_

Check #: \_\_\_\_\_

Charge#: \_\_\_\_\_

Total Due: \_\_\_\_\_

ARBOR Cr. \_\_\_\_\_

Keybox\SupraKey Holder Signature \_\_\_\_\_

Issued By: (ARBOR Staff) \_\_\_\_\_

### RETURN FORM

Date: \_\_\_\_\_

NRDS#: \_\_\_\_\_

Member Name: \_\_\_\_\_

Lic #: \_\_\_\_\_

Office Name: \_\_\_\_\_

Ph #: \_\_\_\_\_

Reason for Return: \_\_\_\_\_

Keybox #: \_\_\_\_\_

SupraKey Ser#: \_\_\_\_\_ \$ \_\_\_\_\_

Number of \_\_\_\_\_ X \_\_\_\_\_ \$ \_\_\_\_\_

(Keyboxes must be assigned to returnee to receive credit)

**TOTAL OF REFUND** \$ \_\_\_\_\_

**STAFF USE ONLY**

**CREDIT**

**SEND  
CHECK**

### **RETURN CHECK TO THIS ADDRESS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Staff: \_\_\_\_\_