

Supra iBox Transfer Form



MINNEAPOLIS AREA Association
of REALTORS®

To Be Completed by Original iBox Owner (Transferor)

This is to inform the Minneapolis Area Association of REALTORS® that:

Transferor's Name: _____ Member #: _____

Wishes to transfer possession of the following iBox(es) to the person listed as the Transferee.

iBox Serial #: _____ iBox Serial #: _____

iBox Serial #: _____ iBox Serial #: _____

iBox Serial #: _____ iBox Serial #: _____

iBox Serial #: _____ iBox Serial #: _____

I have verified with the Minneapolis Area Association of REALTORS® that the new iBox owner (transferee) is an active member of the Supra electronic keybox system.

Transferor's Signature: _____ Date: _____

To Be Completed by New iBox Owner (Transferee)

I certify that I am the rightful owner of the lockboxes listed above and assume all rights and obligations.

Transferee's Name: _____ Member #: _____

Transferee's Signature: _____ Date: _____

Please Email This Completed Form to info@mplsrealtor.com

For Office Use Only

_____ Association Staff Name	_____ Date
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