

# 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 Fax This Completed Form to 952.933.9021

For Office Use Only

_____ Association Staff Name	_____ Date
---------------------------------	---------------