



LOCKBOX TRANSFER FORM

Revised 3/6/2020

I do hereby request the following Supra Lockboxes be transferred to the individual named below. I certify that I am the rightful owner of these Lockboxes that are being transferred.

Lockbox Serial Number	Lockbox Serial Number	Lockbox Serial Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of Transferring Owner: _____ Agent ID: _____

Office Name: _____ Telephone #: _____

Signature of Transferring Owner

Date

As the new owner of the Supra Lockboxes listed above, I assume all rights and obligations for these Lockboxes.

Name of Receiving Owner: _____ Agent ID: _____

Office Name: _____ Telephone #: _____

Signature of Receiving Owner

Date

**Please fax completed form to the Membership Department at (508) 845-2434
or email to membership@mlspin.com**