TRANSFER AGREEMENT OF SUPRA SERVICE

REQUEST TRANSFER TO THE FOLLOWING ASSOCIATION:



BRAR______(540) 667-2606 www.blueridgerealtors.com



DAAR_ (703) 777-2468 www.dullesarea.com



KEY ISSUED BY:	KEY#	PIN #		
First Name	MI	Last Name		
Company Name	Phone #	Fax#		
Broker Name		Primary Association		
Billing Address	City	State	ZIP	
Work Phone	Cell Phone	Email Address		
NRDS #	Virginia License # and E	icense # and Expiration Date		
West Virginia license num Association membership for you. Please check wh	OAAR or BRAR and you would like renter: staff will take care of processing you lich association you would like to have wille, VA	ur reciprocal request to Charlo	•	
Please list the lock boxes to be t	ransferred to the selected Associa	tion.		
Lock Box Serial #	Shackle Code #	CBS Code #		
By signing this agreement, I hereby Primary Association.	y authorize the selected Association to	o accept the transfer of SUPR	A service from my	
SIGNATURE	DATE			