

# Keybox transfer form

MLS Technology, Inc.



FROM name: \_\_\_\_\_  
Name, member # & office

TO name: \_\_\_\_\_  
Name, member # & office

Serial #'s:

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

6 \_\_\_\_\_

7 \_\_\_\_\_

8 \_\_\_\_\_

9 \_\_\_\_\_

10 \_\_\_\_\_

Signature of transferring agent: \_\_\_\_\_

Signature of receiving agent: \_\_\_\_\_

Keyboxes to be transferred within 15 days (from 1-15) DATE \_\_\_\_\_

*The member agrees to COMPLY within this time frame and understands that their billing will start immediately.  
Member agrees to take ownership of these stated keyboxes within number of days stated.*

*Agent receiving leased boxes understands that this is a new lease and will not get any credit that has been previously paid on the keybox(es).*

MLS Tech Signature/processed by: \_\_\_\_\_