



Fax to: 770 621-9972

**SUPRA PRODUCTS**  
**iBOX TRANSFER**

TO BE COMPLETED BY ORIGINAL iBOX OWNER

This is to inform Supra Products that \_\_\_\_\_,  
(Please print)  
owner of iBox number(s) \_\_\_\_\_

\_\_\_\_\_ wishes to transfer the above iBoxes to the below Transferee. I have verified with  
GAMLS that the Transferee is eligible to have these iBoxes.

Owner's Signature \_\_\_\_\_  
R/E License # \_\_\_\_\_ Date \_\_\_\_\_

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TO BE COMPLETED BY NEW iBOX OWNER

Transferee's Name \_\_\_\_\_  
R/E License # \_\_\_\_\_ Phone# \_\_\_\_\_  
Company \_\_\_\_\_  
Key # \_\_\_\_\_ Email Address: \_\_\_\_\_

Transferee's Signature \_\_\_\_\_  
Date \_\_\_\_\_

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**OFFICE USE ONLY**

Member ID# \_\_\_\_\_

Date iBoxes reassigned in KIM \_\_\_\_\_

Initials \_\_\_\_\_

**TRANSFEREE MUST BE A KEYHOLDER WITH GAMLS OR FMLS**