



Fax to: 770-621-9972 or 770-938-5660

Email to: supra@gamls.com

SUPRA PRODUCTS

iBOX BT LE 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.

**Please note that any keyboxes starting with a 2 or 5 (older infrared-only models) have been phased out and deleted from our database and are no longer in use in this market area. BT LE keyboxes that are eligible for transfer start with '31' or higher.

Owner's Signature _____

R/E License # _____ Date _____

TO BE COMPLETED BY NEW iBOX BT LE OWNER

Transferee's Name _____

R/E License # _____ Phone# _____

Company _____

Key # _____ Email Address: _____

Transferee's Signature _____

Date _____

OFFICE USE ONLY

Member ID# _____

Date iBoxes reassigned in KIM _____

Initials _____

TRANSFEEE MUST BE A KEYHOLDER WITH GAMLS OR FMLS