

SUPRA LOCKBOX AUTHORIZED PARTY FORM



This form is used to designate an authorized party to pick-up, purchase or exchange defective lockboxes registered to you on your behalf. All authorized individuals will be required to show a valid government issued I.D. upon request. Please keep in mind that this form does **NOT** include ActiveKEY® replacements.

Lockboxes picked up by an authorized party will be given out with the shackle closed.

Authorized Party: _____
Name of person exchanging/buying/picking-up on your behalf
(must have valid Govt. issued I.D.)

Subscriber (Lockbox Owner) Information:

Subscriber Name (*please print*)

Agent I.D.

Lockbox Information:

_____: Shackle Code (*4 digits*)

_____: CBS Code (*7 digits*)

Owner Signature

Date

Please bring this completed form to any ARMLS® Support Center. Please keep in mind that each individual instance of authorization requires a new form to be filled out.

You may also email this form to **SC@ARMLS.com**.

Support Center Hours and locations can be found at **ARMLS.com/support-hours-locations**.