



RECIPROCAL KEY ACCESS REQUEST FORM

NOTE: YOUR PRIMARY ASSOCIATION MUST CODE YOUR SUPRA KEY WITH CD38 AND THEN THIS FORM MUST BE COMPLETED BEFORE UPDATING YOUR KEY OR YOUR KEY WILL NOT WORK IN OUR AREA.

DATE: _____

AGENT NAME: _____

OFFICE NAME: _____

OFFICE ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OFFICE PHONE NUMBER: _____

AGENT HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE NUMBER: _____

DESIGNATED BROKER NAME: _____

NRDS ID # or MEMBER ID # from your Board: _____

SUPRA KEY SERIAL NUMBER: _____ KEY TYPE: *(circle one)* Active Key or E-Key

PIN CODE #: _____

BOARD AUTHORIZATION: Letter in Good Standing from your primary board is required.

SUPRA SYSTEM KIM INFORMATION : To access KIM voice call 888-968-4032.

METHOD OF PAYMENT: *(circle one)* VISA MASTERCARD AMEX DISCOVER

CREDIT CARD NUMBER: _____ EXP. DATE: _____

SIGNATURE: _____

***** Please allow up to 24 hours for Key Programming.***

GAR ASSOCIATION USE ONLY

RECIPROAL MEMBER ID #: _____ OFFICE ID #: _____

DATED ADDED: _____

KEY MAINTENANCE: \$ _____ TOTAL: \$ _____