



RECIPROCAL KEY ACCESS REQUEST FORM

DATE: _____

AGENT NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OFFICE NAME: _____

OFFICE ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OFFICE PHONE: _____ AGENT PHONE: _____

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

SUPRA KEY SERIAL NUMBER: _____ PIN#: _____

Active Key

E-Key

**ASSOCIATION NAME: Glendale Association of REALTORS®
124 S. Isabel Street, Glendale, CA 91205
ASSOCIATION TELEPHONE #: (818) 241-2184 / Fax: (818) 240-3572**

ASSOCIATION STAMP:

SUPRA SYSTEM KIM INFORMATION: TO ACCESS KIM VOICE CALL 888-968-4032

AGENT SIGNATURE: _____

ASSOCIATION STAFF SIGNATURE: _____

**** PLEASE ALLOW UP TO 24 HOURS FOR KEY PROGRAMMING**

.....
CREDIT CARD #: _____ EXP. DATE: _____

CHARGE AMOUNT: \$ _____