

Cleveland County Association of REALTOR® / Charlotte, NC
Cooperating Agreement

Supra Key Reciprocal Information

Please read this Agreement carefully. Complete this form, enclose payment and return it to Janice Bradsher, Lockbox Administrator, Charlotte Regional Realtor® Association, P. O. Box 35511, Charlotte, N.C. 28235. Phone: (704) 940-3131 or Fax (704) 940-3101.

Name _____
Firm Name _____
Firm Address _____
City, State, Zip _____
Business Phone # _____ NC Real Estate License # _____
Preferred Fax # _____ Key # _____ Pin # _____

There is a one-time \$50.00 activation fee for non-members of CMLS (\$10.00 fee for members). All fees MUST be paid BEFORE service will be activated. Payment method is check or credit card (Visa or MasterCard only).

NOTE: When you perform an eSYNC your key is automatically updated for both the Cleveland County keybox system and the Charlotte keybox system. Please contact CMLS @ 704-940-3131 should your key number change, as this will affect your access to our system.

Please read the following information carefully; you are signing an affidavit.

**Carolina Multiple Listing Services, Inc. / Cleveland County Association of Realtors®
Supra Lockbox Key Letter of Agreement**

In return for the privilege of having my Supra electronic lockbox key active in the areas covered by both the Carolina Multiple Listing Services, Inc. and the Cleveland County Association of Realtors®, I will abide by these rules regarding key use.

- I agree to abide by all Supra SuperKey Rules and Regulations as defined by the Cleveland County Association of Realtors® and the Carolina Multiple Listing Services, Inc.
- I agree that loaning my cooperating SuperKey to any other agent is a serious violation of this agreement and may result in the loss of Key access in the cooperating county or monetary fines.
- I will call the listing agent for a property before making an appointment to show the home.
- I will always leave a business card at a property I have shown.
- I understand that if I am found to be in violation of the terms of this Agreement that I may lose my guest privileges in the cooperating county's Supra system for a period of time. Should it be determined that I will lose my cooperating access, I will be given the option to choose to pay a fine, in an amount determined based on the severity of the Supra key violation, but not to exceed \$500, in lieu of loss of my Supra key service.
- In the event of a dispute, which results in the filing of a grievance or arbitration, I agree to abide by the Bylaws of my primary key association.

Name Printed _____

Signature _____ Date _____

Amount Paid: \$50 (Non-Members) \$10 (Members)

Check # _____ Credit Card # _____ Exp: ___/___