

Salisbury/Rowan Association of REALTORS® / 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 Salisbury/Rowan 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. / Salisbury/Rowan 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 Salisbury/Rowan 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 Salisbury/Rowan 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: ___/___