



NORTH SAN DIEGO COUNTY
REALTORS

SENTRILOCK RECIPROCAL KEY AGREEMENT FORM

Agent Information

Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ DRE License #: _____ Ex Date _____

E-mail: _____

Office Information

Office Name: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Office Fax: _____

Broker Name: _____ Broker DRE License # _____

General Terms and Conditions of Key Agreement

I agree to abide by the bylaws, policies, and rules of the North San Diego County Association of REALTORS®. I understand that all Association membership dues and fees are non-refundable. In the event I fail to maintain eligibility for membership, or wish to terminate membership, for any reason, I understand I will not be entitled to a refund of my dues and fees. I understand that Reciprocal Membership with the North San Diego County Association of REALTORS® is an individual membership and is non-transferable.

Permission to communicate: By signing below, I expressly authorize the Board/Association, including the local, state and national, or their subsidiaries or representatives to fax, e-mail, telephone or send by U.S. Mail to me, at the fax numbers, e-mail, telephones and addresses above, material advertising the availability of or quality of any property, goods or services offered, endorsed or promoted by the Board/Association.

Security of Lockbox Key System: I acknowledge that it is necessary to maintain security of the lockbox system by not lending or making available the lockbox key to any person, even if an authorized MLS user. Only one lockbox key will be assigned per member. I further agree to follow all additional security procedures as specified by the MLS Rules and Regulations and the Key User Agreement.

I certify that I have read and agree to the terms and conditions of this application and that all information given in this application is true and correct.

Agent Signature: _____ Date: _____

Broker Signature: _____ Date: _____

Payment Info:

Cash

Credit Card

Check

Name on Card: _____

Card Number: _____ Exp. Date: _____ Billing Zip Code: _____

Please check services you would like to purchase:

Reciprocal Key Processing Fee - \$25

Annual Key Fee - \$84** (Pro-rated Monthly*)

Sentrilock Lockbox Purchase \$165.00** + Tax (this is purchase, we do not loan or take returns)

Total to be charged: \$ _____ Signature: _____ Date: _____

*Pro-rate Senti Key Fee:

January \$84.00

February \$77.00

March \$70.00

April \$63.00

May \$56.00

June \$49.00

July \$42.00

August \$35.00

September \$28.00

October \$21.00

November \$14.00

December \$7.00

**Dues and Fees are subject to change

Office Use

Member #: _____ Office #: _____

Sentrikey #: _____

Lockbox #: _____

Processed Date: _____ Staff Initials: _____