



301 Grove St.
San Francisco, CA 94102
(415) 654-2003 opt. 3 (MLS)

SUPRA EQUIPMENT RECEIPT

EQUIPMENT TYPE:	TRANSACTION TYPE:	SUPRA REFERENCE NUMBER:
<input type="checkbox"/> XpressKEY	<input type="checkbox"/> Cancelled	_____
<input type="checkbox"/> eKEY <input type="checkbox"/> ActiveKEY	<input type="checkbox"/> Damaged	REPLACEMENT SERIAL NUMBER(S):
<input type="checkbox"/> iBOX (BTLE boxes only)	<input type="checkbox"/> Defective	_____
<input type="checkbox"/> FOB3 (transceiver, not a key)	<input type="checkbox"/> Key Exchange (→ XpressKEY)	_____
RETURNED SERIAL NUMBER(S):	<input type="checkbox"/> Key Exchange (→ eKEY)	Comment: _____
_____	<input type="checkbox"/> Lost/Stolen	_____
_____	<input type="checkbox"/> Rental Return	SFAR Staff: _____
		Date: _____

MEMBER NAME: _____	MEMBER NUMBER: _____
OFFICE NAME: _____	<input type="checkbox"/> Member is reciprocal (iBox Rental Return)
DEPOSIT STATUS: <input type="checkbox"/> No refund (deposit forfeit)	
<input type="checkbox"/> Credit to SFAR account	
<input type="checkbox"/> Check mailed to following address:	

State: _____ ZipCode: _____	
<i>By signing this form, I consent to pay any deposit difference that exists between equipment returned and new equipment issued or exchanged. The new total deposit amount required for the XpressKEY is \$316. I understand that any unpaid difference will appear on my next SFAR or SFARMLS billing statement.</i>	
SIGNATURE: _____	DATE: _____

SFAR A/R use only

COMPLETE A/R

COMPLETE N/L

INITIALS: _____

DATE: _____