



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

SUPRA EQUIPMENT RECEIPT

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

MEMBER NAME: _____	MEMBER NUMBER: _____
OFFICE NAME: _____	☐ Member is reciprocal (iBox Rental Return)
DEPOSIT STATUS: ☐ No refund (deposit forfeit) ☐ Credit to SFAR account ☐ Check mailed to following address: _____ _____ State: _____ ZipCode: _____	SFAR A/R use only ☐ COMPLETE A/R ☐ COMPLETE N/L INITS: _____ DATE: _____
<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: _____