SFARMLS

SUPRA EQUIPMENT RECEIPT

EQUIPMENT TYPE:	TRANSACTION TYPE:	SUPRA REFERENCE NUMBER:

☐ XpressKEY

☐ eKEY   ☐ ActiveKEY

☐ iBOX (BTLE boxes only)

☐ FOB3 (transceiver, not a key)

RETURNED SERIAL NUMBER(S):

_____

_____

☐ 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: _____

OFFICE NAME: _____

DEPOSIT STATUS: ☐ No refund (deposit forfeit)
                    ☐ Credit to SFAR account
                    ☐ Check mailed to following address:

_____

_____

State: _____   ZipCode: _____

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.

SIGNATURE: _____   DATE: _____

MEMBER NUMBER: _____

☐ Member is reciprocal (iBox Rental Return)

SFAR A/R use only

☐ COMPLETE A/R

☐ COMPLETE N/L

INITS: _____

DATE: _____