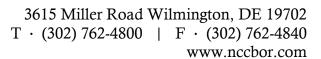


3615 Miller Road Wilmington, DE 19702 T · (302) 762-4800 | F · (302) 762-4840 www.nccbor.com

KEYCARD USAGE AGREEMENT

IT IS HEREBY AGREED AMONG THE New Castl		(E' 1 D1) A - 1
(ISSUER)Principal's ASSOCIATE	(PRINCIPAL) of (KEYHOLDER) WITNESSETH:	(Firm and Branch) And
KEYCARD RECEIPT. KEYHOLDER hereby ack	nowledges receipt of (check one) Active Key eKey.	
2. TITLE TO KEYCARD. Keycard is the property of	SUPRA.	
	the New Castle County Board of REALTORS® and TR	
	erein by reference, as they now exist and as they may be a nined therein as they relate to Keyboxes and Keycards. A	
	as shall constitute a violation of this agreement, which ma	
	o use the KEYCARD only while they are associated with	
	d a KEYCARD. KEYHOLDERS understand that they r	
	til the appropriate document is signed by the new Princip EYCARD. KEYHOLDERS understand the keycard is a	
	AL will be assessed a monthly system fee for KEYHOLD	DER. Such fee shall be reasonably adjusted on a
annual basis to enable the NCCBOR to cover expenses	s of loan payments and the equipment, software, adminis	stration, and maintenance of the system.
	firm to another, KEYHOLDER will be entitled to contin	
	ange form. A fee, if any, may be assessed and must be pa remains responsible for that KEYHOLDER until the Dela	
NCCBOR.	chains responsible for that RD 1110DDDR with the Dete	aware Electise Change form is received by
	R. PRINCIPAL and KEYHOLDER acknowledge that in	
	w Castle County Board of REALTORS®, or KEYHOLD I immediately and to avoid any unnecessary fees should b	
7. SECURITY OF KEYCARD. KEYHOLDER agree		be returned to incebor infinediately.
a. Keep the card in KEYHOLDER possessi	ion or in a safe place at all times.	
b. Not have the PIN attached to or written of		1 10 1 1
d. Not duplicate the ActiveKey nor allow a	erson, for any purpose whatsoever, nor permit the card to	be used for any purpose by any other person.
	r theft of an ActiveKey and the circumstances surroundin	ng such loss or theft.
f. Follow all additional security procedures		
	Il have the rights to inspect the KEYHOLDER's key all rafice not less than 48 hours after receipt of written notice,	
	security of the system is in jeopardy. Failure to comply wi	
deactivation of KEYHOLDER's PIN. PRINCIPAL sl	hall assist in inspections or audits of keys and KEYHOLI	DERS as requested by ISSUER.
	R covenants and agrees to indemnify and hold ISSUER IDER's use of the ActiveKey including, but not limited to,	
	premises or persons arising out of the use by KEYHOLI	
PRINCIPAL and KEYHOLDER release ISSUER fro	m any and all claims, liability, loss or damage of any kind	
or loss of use, of the Keyboxes or Keycard caused by the		COURD in the count that the IV at an Court of
must be re-secured due to negligence on the part of KE	emburse ISSUER for any and all expenses incurred by ISEYHOLDER	SOLK in the event that the Keybox System
	confirms that he/she is an owner, partner, or corporate of	officer of above named firm, has the authority t
	or their designee is a member of the new Castle County	
	ed with the firm named above, and that PRINCIPAL is j YHOLDER under this agreement, provided, however thi	
KEYHOLDER an employee of PRINCIPAL.	THOLDER under this agreement, provided, nowever this	is agreement shan not be construct to make
	authorization from the owner or tenant in possession of a	
installation and use of a Keybox on such property. Such at least those disclosures and agreements required by the	ch authorization shall disclose that the Keybox is not desi he rules of the New Castle County Board of REALTORS	igned or intended as a security device and shall
13. NO ASSIGNMENT. This agreement may not be a		ow and TREND.
	PARTIES HAVE SIGNED THIS AGREEMENT TO BI	E EFFECTIVE ON THE DATE SIGNED BY
_	ISSUER.	
Date		
KeyHolder's Name		
KeyHolder's Signature		
	cer Signature	
Principal's Name		
Principal's Signature		
Firm Name		
Firm Address		

Firm Telephone _____





CREDIT CARD CHARGE FORM

MEMBER NAME:			FIRM:		
Quantity	Description of Charge			Amount	
			_	\$	
			_	\$	
			_	\$	
			_	\$	
			_	\$	
			_	\$	
		TOTAL A	MOUNT CHARGED	\$	
Card #:		-			
	Zip Code:		Expiration Date	:	
Cell:		Business:			
Signature:			Date:		