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LOCKBOX LEASE AGREEMENT

Riverside Office: 3690 Elizabeth Street Riverside, CA 92506

Rancho Cucamonga Office: 8711 Monroe Court, Suite B

Rancho Cucamonga, CA 91730 WWW.IVAOR.COM

Upon cancellation, all lockboxes must be physically returned to IVAR's offices in Riverside or Rancho Cucamonga.

By signing this Lockbox Lease Agreement, I hereby agree to accept and follow the terms and conditions listed above.

MLS User ID:	Print Name:	Signature:

LOCKBOX ASSIGNMENT & RETURN LOG

Riverside Office: 3690 Elizabeth Street Riverside, CA 92506

Rancho Cucamonga Office: 8711 Monroe Court, Suite B Rancho Cucamonga, CA 91730 WWW.IVAOR.COM

Date Assigned	LOCKBOX Serial #:	Shackle Code:	Date Returned	Member Initials	IVAR Initials
MLS User ID:	Print Name:		Signature:		

IVAR Member Services: 951.684.1221 | Rancho Cucamonga: 909.527.2133 | Office FAX: 951.684.0450

CREDIT CARD AUTHORIZATION and CANCELLATION OF AUTOMATIC PAYMENT FOR LOCKBOX LEASE

Riverside Office: 3690 Elizabeth Street Riverside, CA 92506

Rancho Cucamonga Office: 8711 Monroe Court, Suite B

Rancho Cucamonga, CA 91730 WWW.IVAOR.COM

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Please choose one of the follo	owing:								
AUTHORIZE IVAR t	As a REALTOR® member or MLS-only member of the Inland Valleys Association of REALTORS® (IVAR), I hereby <u>AUTHORIZE</u> IVAR to charge my MASTERCARD, VISA, AMERICAN EXPRESS, or DISCOVER credit/debit cards for automatic payment of my LOCKBOX LEASE FEES until further notice.								
I hereby <u>CANCEL</u> my authorization to charge the credit/debit card on file. ALL Lockboxes assigned to this IVAR Member have been returned or purchased:									
Member Initials:	IVAR Initials: _	Date Canc	elled:						
Please choose one of the following:									
 MASTERCARD VISA AMERICAN EXPRESS DISCOVER 									
CARD #	ARD #EXPIRATION DATE:/								
By faxing (or emailing) a signed/completed copy of this form to (951) 684-0450 (or <u>griseldac@ivaor.com</u>), I agree to the above terms.									
MLS User ID:	Name on Card:	Signature:	Date Authorized:						