



Coastal Association of REALTORS® SentriLock Reciprocal Key Access Agreement

First Name _____ MI _____ Last Name _____

Company _____ Phone# _____ Fax# _____

Office Address _____ City _____ State _____ Zip Code _____

Home Address _____ City _____ State _____ Zip Code _____

Home Phone# _____ E-Mail Address _____

Primary Association: _____ SentriCard Issued By: _____

SentriCard#: _____

NAR ID# _____

License:

Maryland# _____ Virginia# _____ Delaware# _____

Please read and be familiar with the entire Lockbox and Keycard Rules and Regulations, Coastal Association of REALTORS®, Inc., located on www.coastalrealtor.org.

Comply with National Association of REALTORS® requirements (as from time to time amended) for the access and use of a Key Box System, including notification of each listing office or listing agent of the SentriCard Holder’s intention to enter the property through the use of the Key Box. This notification is to be prior to the actual entry unless the listing indicates the cooperating agent may access the property without prior notice to the listing agent or the listing office.

By the signatures below, both the agent and Designated REALTOR®/Principal Broker/Manager hereby acknowledge and understand that it will be their responsibility to become familiar with and abide by the appropriate rules and regulations of the particular SentriLock System provider. Please read and be familiar with the entire Lockbox and Keycard Rules and Regulations, Coastal Association of REALTORS®, Inc., located on www.coastalrealtor.org.

Signature of Agent _____ Date _____

Signature of Designated REALTOR®/Principal Broker/Manager _____ Date _____

DO NOT WRITE BELOW THIS LINE
For Coastal Staff Only

Real Estate/Appraiser License Verification: _____

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