

**Southwest Riverside County  
Association of Realtors®  
Lockbox Purchase Order Form**

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- Last Name: \_\_\_\_\_
- First Name: \_\_\_\_\_
- Home Address: \_\_\_\_\_
- City, Zip Code: \_\_\_\_\_
- Home Phone: (\_\_\_\_)-\_\_\_\_\_
  
- Firm Name: \_\_\_\_\_

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Please remember electronic lockboxes can become defective and batteries can go out. I understand that it is my responsibility to always keep an extra set of keys.

**X\_\_\_\_\_ Please initial.**

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\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

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**For Association Staff Use Only:**

**Used Lockbox Serial Number:**

**Shackle Code:**

**Condition of Box:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Total Paid:** \$ \_\_\_\_\_

\_\_\_ cash \_\_\_ check \_\_\_ charge

\_\_\_\_\_  
Association Staff Signature

\_\_\_\_\_  
Date