

Supra Order Confirmation Form

KEYHOLDER, Member of: SW Riverside Assoc of Rltrs

Keyholder Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Order Details:

Product: eKEY Basic

I elect to have the following credit, debit, automatically charged the \$50.00 plus tax Supra Key Activation fee due and payable under this Agreement.

&UHG&DU@
1DPHRCUBBLS&RBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB
&UHG&DU@REHUBBB
&9&1REHUBB(SLUDWLRQWHBBBBBBBBBBBBBBBBBBBBBBBBBBBB

Your Order Amounts to Total (USD) \$ 50.00 Plus Tax

Activation Fee (One-Time) \$50.00

My signature below constitutes acknowledgement of my understanding and agreement to the following:

- The order information above is accurate and complete.
- My payment will be processed electronically and will include all applicable tax.
- I received the product(s) listed above if applicable.
- I have read and agreed to all terms and conditions stated in the Keyholder Agreement.

Signature (Wet signature is required for processing)

Date

I would like my four digit numerical supra key access pin to be: ____ _

THIS IS A LEGAL DOCUMENT. EXECUTION OF THIS AGREEMENT, INCLUDING THE PRECEDING 3 PAGES IN ADDITION TO THIS PAGE, SHALL OBLIGATE THE PARTIES TO PERFORM AS PROVIDED HEREIN.

KEYHOLDER, member of: SW Riverside Association of Realtors

UTC Fire & Security Americas Corporation, Inc.

Keyholder Name: _____

By: 

MLS USER ID: _____

Vice President & General Manager

Keyholder Acknowledgement: _____

4001 Fairview Industrial Drive SE
Salem, Oregon 97302-1142

EXHIBIT A

I. Product/Service:

Key or Service	Billing Frequency	System Fee*	Billing Due Date
eKEY Basic	Monthly	\$15.76	11th of each month

*System Fees shown above are exclusive of all applicable tax and any annual increase

II. Payment Options:

Electronic Invoice – I elect to receive the invoices due and payable under this Agreement electronically at the following email address:

Automatic Charges* – I elect to have the following credit, debit, or bank account automatically charged on the due date for any fees due and payable under this Agreement. Supra may elect to receive the payments up to ten (10) days after the due date.

Credit Card Info

Name on Card: _____ Zip Code: _____
Credit Card Number: _____
CVC Number: _____ Expiration Date: _____

*Keyholder authorizes Supra to charge the credit, debit, or bank account shown above **MONTHLY** for all recurring fees until Keyholder terminates this Agreement or notifies Supra in writing of a change in payment option or account information. Keyholder may change the payment option at any time during the Term of this Agreement by: (i) contacting Supra at 877-699-6787, (ii) logging in to SupraWEB at <https://supraweb.suprakim.com/kimweb/login.mvc>, or (iii) notifying Supra in writing of such change. If Keyholder desires to (i) close, terminate, cancel, or change the credit, debit, or bank account selected for billing or (ii) opt out of recurring automatic charges, Keyholder shall be required to notify Supra in writing of such intent forty-five (45) days prior to such change and, if applicable, deliver a new credit, debit, or bank account information.

Keyholder may terminate this Agreement at any time by notifying Supra in writing of such intent to terminate and: (i) returning all Equipment and any component of the service which has been provided to the Keyholder under this Agreement, (ii) deleting any copies of Software from Keyholder's personal computers and personal devices, and (iii) paying any amounts previously owing prior to such termination including any liquidated damages for the failure to return the Equipment. Upon termination, System Fees which would have become owing after the date of termination of this Agreement are released and discharged by Supra.

Keyholder shall not be entitled to a refund of: (i) any unused portion of any System Fee for use of service previously paid, (ii) any Activation Fee, (iii) late payment fees, or (iv) fees for payments that are returned unpaid or for insufficient funds or credit.

Signature: _____
(Wet signature is required for processing)

Date: _____