

PAAR

PEORIA AREA ASSOCIATION OF REALTORS®

AFFILIATE KEYCARD APPLICATION

PLEASE PRINT

Firm Name: _____

Firm Address: _____

City

State

Zip Code

KeyCard Holder's Name: _____

State the purpose for requesting a KeyCard: _____

References (this should include real estate companies/agents you have done business with and other businesses or individuals who can verify your real estate business affiliation):

Name: _____ Firm: _____

Phone: _____

Name: _____ Firm: _____

Phone: _____

Name: _____ Firm: _____

Phone: _____

IF APPROVED, I AGREE TO ADHERE TO THE RULES, AGREEMENTS, POLICIES AND PENALTIES REGARDING THE KEYBOX SYSTEM, AS PRESENTED:

Cardholder's Signature: _____

Principal, Partner or Corporate Officer of the Company:

Name: _____ Signature: _____

Date: _____

Please note: A copy of your License is **REQUIRED** along with a copy of your Liability Insurance card must be submitted with this application.

rev.051309

REAL ESTATE PROFESSIONAL PLAZA OF CENTRAL ILLINOIS

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Visit us on the web at www.paarealtors.com

