

Member # _____

Office # _____

Pikes Peak REALTOR® Services Corp.
DisplayKEY/Cradle Order Form

Last Name: _____ First Name: _____

Address: _____

City & State: _____ Zip Code: _____

Phone #: _____ Specify cradle type: _____ Phone _____ USB

THE DISPLAYKEY & CRADLE ARE A LEASED ITEM, THE EQUIPMENT MUST BE RETURNED WITHIN 2 BUSINESS DAYS UPON TERMINATION OF YOUR MEMBERSHIP/PARTICIPATION. A deposit and a monthly service fee will be billed. If your DisplayKEY and/or cradle are lost, stolen or damaged you will be responsible for the replacement cost.

Keyholder Signature

Date

DisplayKEY # _____ Cradle Serial # _____

DisplayKEY/Cradle Service Fee: _____ /MO

09/17/09