

SUPRA PRODUCTS, INC.

AGENT AUTHORIZATION

This is to authorize _____ who is an agent
(Please print name of agent)

with the Company name below to become a party to a National Cooperative Bank
Keyholder System Lease Agreement

Print Name of Designated REALTOR®

Signature of Designated REALTOR®

Company

Telephone Number

Address

Date

City, State, Zip

E-Mail

Approved by the **Association/MLS** to issue a SuperKey to the agent named herein:

Signature of Association/MLS

Date

OFFICE USE ONLY:

Note: Please attach to original lease agreement.

Organization Signature

Date