

iBox BT LE TRANSFER AGREEMENT

AGENT ID: _____

COMPANY NAME: _____

NAME: _____

HOME ADDRESS: _____

CITY, STATE, & ZIP: _____

PHONE/DATE: _____

THE FOLLOWING BOX(ES) ARE TRANSFERRED HEREBY:

Box Serial Number

Shackle Code

The new holder hereby agrees that he/she shall be bound by the terms of the agreement, executed by the current holder which terms are incorporated herein by reference.

NEW AGENT ID: _____

COMPANY NAME: _____

NAME: _____

HOME ADDRESS: _____

CITY, STATE, & ZIP: _____

PHONE/DATE: _____

Previous Holder _____ New Holder _____