

SUPRA PRODUCTS, INC.
Employee Authorization

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

personal assistant and employed by me 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

Print name of Personal Assistant

Personal Assistant's Signature

OFFICE USE ONLY:

Note: Please attach to original lease agreement.

Organization Signature

Date