



## Affiliate SentiLock Application

Affiliate's Name:	<input type="text"/>	Company:	<input type="text"/>
Billing Address:	<input type="text"/>	City, State, Zip:	<input type="text"/>
Office Phone:	<input type="text"/>	Office Fax:	<input type="text"/>
Affiliate Phone:	<input type="text"/>	Affiliate Email:	<input type="text"/>
<small>Email address entered must be a unique email address that belongs to the applicant</small>			
Affiliate's Realtor Association:	<input type="text"/>		

Please complete and email to [sentriunlock@realtracs.com](mailto:sentriunlock@realtracs.com)

**By signing this document, you are authorizing the above named affiliate to obtain a SentiLock membership for the use of home inspection or as a licensed pest control technician.**

Company Owner's Signature:

Date:

**Important Notice:** By signing this document, you also agree to ensure the SentiLock user with your company, keep their license and/or certification up to date, and to have all insurance remain active at all times with Realtracs, Inc named as an additional insured.

You are responsible for contacting Realtracs, Inc when a SentiLock user leaves your company. Failure to do so may result in a \$500.00 fine and loss of all SentiLock privileges