



A V A N T A G E
PROPERTY MANAGEMENT

1000 5 Street, Suite: 1316
Miami Beach, FL 33139
P: 786-456-4758 | E: Info@AvantagePM.com

VENDOR KEY FORM

Property: _____
Vendor Name: _____
Vendor Cell Number: _____
Company Name: _____
Company Contact Number: _____

LICENSE & INSURANCEE MUST BE PROVIDED BEFORE KEY PICKUP

I *Avantage Property Management*, hereby authorize _____ to receive and hold possession of the keys to the above mentioned residence on _____, 20____.

I understand that I am responsible for returning the key within 24 hours. I am not to copy the key, provided to anyone other than Avantage Property Management and hold full responsibility for any faulty conduct regarding the key and its premises.

Pickup Date: _____ Time: _____ Return Date: _____ Time: _____

Vendor Signature

Date

Approved: Yes or No

Avantage Representative

Date