



REFERRAL FORM

To: _____

From: _____

Fax/Email: _____

Fax/Email: _____

Brokerage: _____

Brokerage: _____

Street: _____

Street: _____

City: _____

City: _____

Prov./ State: _____ P.C./Zip: _____

Prov./State: _____ P.C./Zip: _____

Office Phone: (____) _____

Office Phone: (____) _____

CUSTOMER DATA

Name: _____

Address: _____

Prov./State: _____ P.C./Zip _____

Res. Phone: (____) _____

Bus. Phone (____) _____

SELLER REFERRAL INFO.

BUYER REFERRAL INFO.

Reason: Transfer New Job Other

Price Range: \$ _____

Move Definite: Yes NO

Down Payment: \$ _____

Type of Home: _____

Bdrms: _____ # Baths: _____

Other Requirements: _____

Must Customer Sell First?: _____

Is their property presently listed? _____

ACKNOWLEDGEMENT

I hereby accept the above referral and agree to _____ % of listing / selling commission.

Sender's Signature: _____ Date: _____

Brokers Signature: _____ Date: _____

Recipient's Signature: _____ Date: _____

Brokers Signature: _____ Date: _____