



REFERRAL INFORMATION FORM

| SECTION 1 – RECEIVING OFFICE | SENDING OFFICE |
|------------------------------|-----------------|
| TO: Agent: | FROM: Agent: |
| Firm Name: | Firm Name: |
| Address: | Address: |
| City/State/Zip: | City/State/Zip: |
| Business Phone: | Business Phone: |
| Home Phone: | Home Phone: |
| Fax Phone: | Fax Phone: |
| SS# | SS# |

| SECTION 2 – SELLER INFORMATION | |
|--------------------------------|---------------------------------|
| Seller Name: | When to make initial contact: |
| Address: | |
| City/State/Zip: | Property address to be listed: |
| Business Phone: | |
| Home Phone: | Additional Helpful Information: |
| Fax Phone: | |

| SECTION 3 – BUYER INFORMATION | |
|---|--|
| Buyer's Name: | New Employer: |
| Address: | Address: |
| City/State/Zip: | City/State/Zip: |
| Business Phone: | Position and Approximate Salary: |
| Home Phone: | Must home be sold first? YES or NO |
| Fax Phone: | Company buyout? YES or NO |
| Preferred Location: | Cash Available for Purchase and Closing Costs: \$ |
| Size and Type of Home Desired: | Contact Buyer at this number first: |
| | By this date: |
| Price Range: \$ | Expected Arrival Date: Moving Date: |
| Number in Family: | Comments: |
| Adults: | |
| Children: Age: | |
| | Age: |
| | Age: |

| SECTION 4 – REALTOR'S ACCEPTANCE OF REFERRAL | |
|--|--|
| Prospect's Name: | Comments: |
| Date Contacted: | |
| Date of First Appointment: | |
| WE ACCEPT THIS REFERRAL, AND WHEN THIS SALE IS CONSUMMATED, WE AGREE TO SEND _____% (OF THE GOSS COMMISSION) REFERRAL FEE. WE WILL ENCLOSE DETAILS OF THE SALE WITH THE CHECK | |
| Receiving Sales Associate Signature: Date: / / | Receiving Broker's Signature: Date: / / |