

# Keller Williams Realty Loudoun Gateway

## REFERRAL Information Form

| SECTION 1-RECEIVING OFFICE | From: Keller Williams Loudoun Gateway    |
|----------------------------|--|
| TO: Agent: _____           | Agent Sending Referral: _____            |
| Firm Name: _____           | Address: 20116 Ashbrook Place, Suite 200 |
| Address: _____             | City/State/Zip: Ashburn, VA 20147        |
| City/State/Zip: _____      | Business #: (703)-430-9008               |
| Business Phone: _____      | Agent Direct Phone #: _____              |
| Home Phone: _____          | Fax: (703) 439-2547                      |
| Fax: _____                 | TIN#: 20-4597386                         |
| E-Mail Address: _____      | E-Mail Address: _____                    |

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

| 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? _____                     |
| E-Mail: _____                        | Company Buyout? _____                              |
| Preferred Location: _____            | Cash Available for Purchase & Closing Costs: _____ |
| Size and Type of Home Desired: _____ | Contact Buyer at this no. first: _____             |
| _____                                | By this date: _____                                |
| Price Range: \$ _____                | Expected Arrival Date: _____ Moving Date: _____    |
| Number in Family: _____              | Comments: _____                                    |
| Adults: _____                        | _____  |
| Children: _____ Age: _____           | _____  |
| _____ Age: _____                     | _____  |
| _____ Age: _____                     | _____  |

| SECTION 4 – CONFIRMATION OF ACCEPTANCE OF REFERRAL  |   |
|---|---|
| Prospect's Name: _____  | Comments: _____   |
| Date Contacted: _____   | _____   |
| Date of First Appointment: _____  | _____   |
| <p><b>We accept this Referral, and when the Sale is Closed, we agree to send a Referral Fee of ____% of the Gross Commission on the Referred Side. Please be sure we have received your IRS Form W-9. We will enclose details of the sale with the check.</b></p> |   |
| <p><b>RECEIVING ASSOCIATE SIGNATURE</b></p><br><br><br><p><b>DATE</b> _____</p>   | <p><b>RECEIVING BROKERS SIGNATURE</b></p><br><br><br><p><b>DATE</b> _____</p> |