

Referral Submission Form

Agent Information:

Agent's Full Name: \_\_\_\_\_

Agent's License Number: \_\_\_\_\_

Agent's Email Address: \_\_\_\_\_

Agent's Phone Number: \_\_\_\_\_

Client Information:

Client's Full Name: \_\_\_\_\_

Client's Address: \_\_\_\_\_

Client's Phone Number: \_\_\_\_\_

Referral Details:

- Reason for Moving: \_\_\_\_\_

- Current City: \_\_\_\_\_

- Destination City: \_\_\_\_\_

- Timeline for Moving: \_\_\_\_\_

Agent Request (optional):

Preferred Agent Name (if any): \_\_\_\_\_

Terms & Agreement:

I, [Agent's Name], confirm that I hold a valid real estate license in the state of Georgia. By submitting this referral, I understand and agree to the following terms:

I am referring the above-mentioned client to another agent in exchange for a referral fee of 25% of the final commission earned by the receiving agent from the referred client's transaction.

The referral fee will be paid according to the agreement and policies of Referrally.

I understand that specific agent requests are not guaranteed and are subject to availability and suitability.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Submit Form: [admin@referrally-ga.com](mailto:admin@referrally-ga.com)