



8925 W Russell Rd - Ste 145, Las Vegas, Nevada 89148 (702) 463-5950  
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## Seller Referral Form

Referral To Date: \_\_\_\_\_

Referral From Date: \_\_\_\_\_

Internet Realty

Company: \_\_\_\_\_

Agent/Relo Director: \_\_\_\_\_

Agent: \_\_\_\_\_

Address: \_\_\_\_\_

8925 West Russell – Suite 145

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Las Vegas, Nevada 89148

Office Phone \_\_\_\_\_

702-463-5950

Fax Number \_\_\_\_\_

Fax: 702-463-7375

### Client Information/Property Information

#### Client Name/Resident's Name

First \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Last \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Property Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

**Receiving Broker: Please complete all pertinent information below and return this to our office promptly. Thank you.**

#### Assigned Salesperson/Listing Information

First \_\_\_\_\_ Last \_\_\_\_\_ Date Listed \_\_\_\_\_ Exp Date \_\_\_\_\_

Contract # \_\_\_\_\_ List Price \_\_\_\_\_

We have received your referral as indicated above and agree to service this client to the best of our ability. Upon closing, we agree to pay a fee of \_\_\_\_\_% of the commission we earn on this referral. We agree that the referral shall remain valid for a period of \_\_\_\_\_ from the date originated.

#### Broker/Relocation Director:

Signature \_\_\_\_\_ Date \_\_\_\_\_