



Keller William Lincoln

Referral Information Form

SENDING REFERRAL OFFICE

RECEIVING REFERRAL OFFICE

Agent Name: _____ Agent Name: _____
Firm Name: _____ Firm Name: _____
Address: _____ Address: _____
City/St/Zip: _____ City/St/Zip: _____
Cell Phone: _____ Cell Phone: _____
Email: _____ Email: _____
Tax ID: _____ Tax ID: _____

LEAD/REFERRAL INFORMATION:

☐BUYER ☐SELLER ☐Must current home be sold first? (*circle one*) ☐YES ☐NO

Name: _____ When to make initial contact: _____
Address: _____ City/St/Zip: _____

Additional Information/Notes:

Cell Phone: _____ Email: _____

WE ACCEPT THIS REFERRAL, AND WHEN THE SALE IS CONSUMMATED, WE AGREE TO SEND _____ %

(OF THE GROSS COMMISSION) REFERRAL FEE. WE WILL ENCLOSE DETAILS OF THE SALE WITH THE CHECK.
PLEASE SEND BROKER W9 WITH THIS SIGNED AGREEMENT

Sending Agent Signature

Date

Sending Broker Signature

Date

Receiving Agent Signature

Date

Receiving Broker Signature

Date

KW Lincoln Teams (*if applicable*): Please specify splits for referral payment in the event that your payment is split with another team member: _____