

Broker/Agent Referral Form

Receiving Agent Information

Agent Name _____
 Office Name _____
 Address _____
 City _____
 State/Prov _____ Zip/PC _____
 Country _____
 Email Address _____
 Primary Phone _____
 Cell Phone _____ Fax _____

Referral Agent Information

Agent Name _____
 Office Name _____
 Address _____
 City _____
 State/Prov _____ Zip/PC _____
 Country _____
 Email Address _____
 Primary Phone _____
 Cell Phone _____ Fax _____

Client Information

Name _____
 Current Address _____
 City _____
 State/Prov _____ Zip/PC _____
 Country _____
 Additional Information _____

Current Home Phone Number _____
 Current Work Phone Number _____
 Cell Phone Number _____
 Email Address _____
 No. of Adults in move _____ No. of Children _____
 Next Date of Home Finding Trip _____
 Expected Moving Date _____

Current Property Information

Client is a _____ Estimated Property Listing Price _____ Client Must Sell _____
 Has Client been Pre-Qualified? _____ Lender Information _____
 Reason for Moving _____

Desired Property Information

Price Range _____ Estimated Down Payment _____ Desired Monthly Payment _____
 Preferred Home Style: Single Family Home _____ Condo/Town Home _____ Other _____
 Number of Bedrooms _____ Number of Baths _____ Square Footage _____
 Familiar with the area? _____ Preferred Area _____
 School Requirements: Elementary _____ Jr. High _____ Sr. High _____ College _____
 Additional Requirements _____

Referral Agreement Details

An agreed upon referral fee of _____ will be paid by the receiving agent to the referring agent.
 The referral fee will be based on: Listing _____ Selling _____ The Commission _____
 Referring Agent Signature _____ Date _____
 Receiving Agent Signature _____ Date _____