

REFERRAL TRANSMITTAL FORM

INSTRUCTIONS —

Referring Firm: Complete, sign and date Part A. Mail or fax entire form to Receiving Firm for acceptance.

Receiving Firm: Complete, sign and date Part B. Make one copy for your records and return form to Referring Firm.

Part A *To be completed by Referring Firm.*

REFERRING FIRM INFORMATION

Firm Name: _____

Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

Fax: (____) _____

RECEIVING FIRM INFORMATION

Firm Name: _____

Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

Fax: (____) _____

CURRENT HOUSING INFORMATION

Status: Sold Pending

Amount of Cash Available for Purchase: _____

Must Home be Sold First? Yes No

Reason for Move: New Job Transfer

Other _____

Expected Arrival Date: _____

CLIENT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Ph.: (____) _____ Fax: (____) _____

Home Ph.: (____) _____

Spouse/Other: _____ Age: _____

_____ Age: _____

_____ Age: _____

New Employer: _____

Position: _____

Annual Income: _____

DESIRED HOUSING INFORMATION

Preferred Location: _____

Price Range: _____

Type of Property:

New Home Condominium

Existing Home Multi-Family

Land Townhouse

Other _____

No. Bedrooms: _____ No. Baths: _____

Garage: 1 2 3

School: Public Parochial

Comments: _____

REFERRING FIRM SIGNATURE AND DATE

The undersigned Referring Firm makes this referral to the Receiving Firm pursuant to the terms in the Acceptance of Referral.

REFERRING FIRM

By: _____ Date: _____

Part B *To be completed, signed and dated by Receiving Firm.*

ACCEPTANCE OF REFERRAL

The undersigned Receiving Firm accepts this referral from the Referring Firm and agrees to promptly contact the referred Client. In the event of a sale, the Receiving Firm agrees to promptly pay and remit to the Referring Firm _____ % of the listing commission or selling commission, whichever may be, as an earned referral fee for services rendered and to provide the Referring Firm details of the transaction.

RECEIVING FIRM

By: _____ Date: _____

Print Name: _____

CLIENT CONTACT REPORT (OPTIONAL)

Client contacted by: Phone Fax

Letter Meeting

Have not been able to contact

Date of Contact: _____

Date of First Appointment: _____

Comments: _____
