

REFERRAL WORKSHEET

REFERRAL DATE: _____
 BUYER(S): _____ SELLER(S): _____

REFERRED TO		REFERRED FROM	
OFFICE NAME:		OFFICE NAME:	
ADDRESS:		ADDRESS:	
CITY:		CITY:	
STATE:		STATE:	
ZIP CODE:		ZIP CODE:	
PHONE #:		PHONE #:	
FAX #:		FAX #:	
AGENT:		AGENT:	
AGENT PHONE #:		AGENT PHONE #:	

CLIENT INFORMATION

NAME(S):	
ADDRESS:	
CITY/STATE/ZIP CODE	
HOME PHONE #:	
WORK PHONE #:	
DESIRED LOCATION:	
PRICE RANGE:	
# BEDROOMS:	
# BATHS:	
STYLE OF HOME:	
ADDITIONAL INFORMATION:	

This is to confirm our referral of the above client, phoned to your office. This will also confirm that a referral fee of _____ % of the commission earned on the referred side of this transaction will be paid upon closing of this transaction. Please sign and return (or fax) a copy of this form to the attention of _____. Thank you for your cooperation. We look forward to continued referral business with your office.

RECEIVING BROKER SIGNATURE: _____

DATE: _____ AGENT ASSIGNED: _____