

RE/MAX REFERRAL FORM

Date: _____

Check one: Seller Referral Buyer Referral Other: _____

This is a confirmation of referral previously phoned: yes no New Referral: yes no

RECEIVING OFFICE REFERRING OFFICE

Associate: _____ Associate: _____

Firm: _____ Firm: _____

Street: _____ Street: _____

City: _____ City: _____

St./Prov: _____ ST./Prov: _____

Phone: _____ Phone: _____

Client's Name: _____ Status of present home: _____

Address: _____ Currently listed at: _____

City: _____ Not yet listed (Will sell for: _____)

St./Prov.: _____ Zip: _____ Sold At: _____ Equity: _____

Address of property being referred _____ Renters

(if different than above): _____ Must client sell first? _____

Home Phone: _____ Reason for move: Transfer New job Other _____

Employer: _____ Move definite: yes no

Business Phone: _____ Authorized: yes no

Comments: _____ Referring Office Federal ID#: _____

Agent S.S. # or SIN#: _____

ESSENTIAL INFORMATION

Price Range: _____ Down Payment: _____ Financing: _____

Anticipated Mo.Pymt.: _____ Area Preferred: _____

Homestyle Preferred: House Condo Other: _____

New Resale (Age:____) Number of bedrooms _____

Baths: ____ Basement: Garage Single: Double:

Const.: Brick Frame Other _____ Family Room:

Fireplace: Formal Dining Patio: A/C:

Other special needs: _____

Number in family: ____ Adults: ____ Boys: ____ Girls: ____ Ages: _____

School requirements: Elem JHS: HS: College: Spec. Ed.

Expected date of arrival: _____ Phone: _____

After arrival can be reached at: _____

How and when to contact: _____

New employer's name and address: _____ Phone: _____

Effective transfer date: _____ Planned date to move: _____

PART II - FINAL DISPOSITION ON REFERRAL RECEIVED

Our check is herewith attached for \$ _____ which represents ____ percent of the commission received on the following transaction: _____

Client: _____ Date of closing: _____

Address: _____ City/State/Prov _____ Zip: _____

Sale Price: \$ _____ COMPLETE IF REFERRAL WAS LOST

Total commission paid at closing: \$ _____

LESS: \$ _____

Paid to local co-op REALTOR, if any: \$ _____

Commission to our office: \$ _____

_____ percent enclosed \$ _____

Comment: _____

Referee Rented

Sold/Purchased with other broker

Decided not to move from original city

Unable to contact

Moved to another area/city

Other _____

