

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: Les Twarog and Sonja Pedersen

Firm: _____ Firm: RE/MAX Crest Realty (Westside)

Street: _____ Street: 1428 W. 7th Ave. _____

City: _____ City: Vancouver _____

St./Prov.: _____ ST./Prov: BC V6H 1C1

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: \$ _____

Referee Rented

LESS: \$ _____

Sold/Purchased with other broker

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

Decided not to move from original city

Commission to our office: \$ _____

Unable to contact

_____ percent enclosed \$ _____

Moved to another area/city

Comment: _____

Other _____

PART III - REFERRAL FOLLOW-UP REPORT

Return to: _____ Date due: _____

Client's Name: _____

RE: Seller Referral

- | | |
|---|-------------------------------------|
| 1. Listed property at: \$ _____ | 1. Sold property to buyer: \$ _____ |
| 2. Property listed by other broker: _____ | Expected closing date: _____ |
| 3. Client Contacted: _____ | 2. No decision, still showing |
| Will be following up on: _____ | 3. Buyer looking elsewhere |
| And reporting to you by: _____ | 4. Bought from other broker |
| | 5. Unable to contact |

4. Unable to contact Lead still active: yes no

Comments: _____

From: _____ Signature: _____

PART IV - REFERRAL ACKNOWLEDGEMENT
(RETURN TO REFERRING OFFICE ON RECEIPT OF REFERRAL)

Return acknowledgement to: _____

Agreed upon fee: _____ % of the Listing Selling Commission _____

Broker Office: _____ Client: _____

Referral assigned to: _____ (associate) Home Phone: _____

Associates office address: _____

Property address: _____

Progress to date:	Contacted by phone	Sent letter	Met with client		
	Need more information	Unable to contact	Listed	Sold	

Comments: _____

Signature: _____ Date: _____

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This Internet Referral Form designed by Les Twarog

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