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RE/MAX REFERRAL FORM

Date:

| Check one: Seller Referral Buyer Referral | Other: | |
|--|----------------------------------|----------------------|
| This is a confirmation of referral previously phoned | l: yes no New Referral: yes | no |
| RECEIVING OFFICE | REFERRING OFFICE | |
| Associate: Ass | | |
| Firm: Firm | | |
| Street: Stre | | |
| City: City | | |
| St./Prov: ST./ | | |
| Phone:Pho | one: | |
| Client's Name: Stat | | |
| Address: Curi | • | |
| City: Not | yet listed (Will sell for:) |) |
| St./Prov.: Zip: Sold | | |
| Address of property being referred | | |
| (if different than above):Mus | | |
| Home Phone: Reason | | |
| Employer: Move d | | |
| Business Phone: Authori | | |
| Comments: Referrir | = | |
| • | S.S. # or SIN#: | |
| ESSENTIAL INFORMATION | | |
| Price Range:Down Payment: | Financing: | |
| Anticipated Mo.Pymt.: Area | | |
| Homestyle Preferred: House Condo Other:_ | | |
| New Resale (Age:) Number of bed | | |
| Baths: Basement: Garage Single: Do | | |
| Const.: Brick Frame Other | Family Room: | |
| Fireplace: Formal Dining Patio: A/C: | | |
| Other special needs: | | |
| Number in family: Adults: Boys: 0 | Girls:Ages: | |
| School requirements: Elem JHS: HS: Colle | ege: Spec. Ed. | |
| Expected date of arrival:P | Phone: | |
| After arrival can be reached at: | | |
| How and when to contact: | | |
| New employer's name and address: | Phone: | |
| Effective transfer date:Planne | ed date to move: | |
| | | |
| PART II - FINAL DISPO | OSITION ON REFERRAL RECEIVED | |
| Our check is herewith attached for \$which | | sion received on the |
| following transaction: | · | |
| Client: | Date of closing: | - |
| Client:Address: | City/State/Prov | 7in: |
| Sale Price: \$ COMPLETE | FIF REFERRAL WAS LOST | - 'P· |
| Total commission paid at closing: \$ | | |
| LESS: \$ | Sold/Purchased with other broker | • |
| Paid to local co-op REALTOR, if any: \$ | | |
| Commission to our office: \$ | Unable to contact | a only |
| percent enclosed \$ | Moved to another area/city | |
| Comment: | • | |
| COMMINGING. | 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: \$ | |
| Property listed by other broker: | | Expected closing date: | |
| 3. Client Contacted: | 2. | No decision, still showing | |
| Will be following up on: | | | |
| And reporting to you by: | | | |
| | 5. | Unable to contact | |
| Unable to contact | | | |
| From:Sig | ınature | e: | |
| | | AL ACKNOWLEDGEMENT FICE ON RECEIPT OF REFERRAL) | |

| Return acknowledge | gement to: | |
|---------------------|---|--|
| Agreed upon fee: _ | % of the Listing Selling Commission | |
| Broker Office: | Client: | |
| | to: (associate) Home Phone: | |
| Associates office a | ddress: | |
| 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