KELLER WILLIAMS REALTY REFERRAL INFORMATION FORM

REFERRAL INFORMATION FORM	
SECTION 1 - RECEIVING OFFICE	SENDING OFFICE
TO: Agent:	FROM: Agent:
Firm Name: *TAX ID #:	Firm Name: * TAX ID #:
Address:	Address:
City/State/Zip:	City/State/Zip:
Business Phone:	Business Phone:
Home Phone:	Home Phone:
Fax Phone:	Fax Phone:
*REQUIRED W9 form must accompany this Referral form	
SECTION 2 - SELLER INFORMATION	
Seller Name:	When to make initial contact:
Address:	Property address to be listed:
City/State/Zip:	1100017, 4441200 to 52 11012
Business Phone:	
Home Phone:	Additional Helpful Information:
Fax Phone:	Auditorial Hopful mornatori.
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SECTION 3 - BUYER INFORMATION	
Buyer's Name:	New Employer:
Address:	Address:
City/State/Zip:	City/State/Zip:
Business Phone:	Position and Approximate Salary:
Home Phone:	Must home be sold first?
Fax Phone:	Company buyout?
Preferred Location:	Cash Available for Purchase and Closing Costs:
Size and Type of Home Desired:	Contact Buyer at this no. first:
Size and Type of Home Besites.	By this date:
Price Range: \$	Expected Arrival Date: Moving Date:
Number in Family:	Comments:
Adults:	
Children: Age:	
Age:	
Age:	
SECTION 4 - REALTOR'S ACCEPTANCE OF REFERRAL	
Prospect's Name:	Comment:
Date Contacted:	Comment.
Date of First Appointment:	<u> </u>
WE ACCEPT THIS REFERRAL, AND WHEN THE SALE IS CONSUMMATED, WE AGREE TO SEND 27%. (OF THE GROSS COMMISSION) REFERRAL FEE. WE WILL ENCLOSE DETAILS OF THE SALE WITH THE CHECK.	
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Receiving Sales Associate Signature: Date: / /	Receiving Broker's Signature: Date: / /

- PLEASE PHOTOCOPY FOR COPIES -