

MILITARY REFERRAL ROSTER REFERRAL FORM

REFERRING FIRM INFORMATION

Firm Name: _____
Contact: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Agent: _____

RECEIVING FIRM INFORMATION

Firm Name: _____
Contact: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Agent: _____

CLIENT INFORMATION

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Work Phone: _____
Home Phone: _____
Spouse: _____
Children: _____
New Employer: _____

CURRENT HOUSING INFORMATION

Status: Sold _____ Pending _____
Renting _____ Listed _____
Amount of cash available for purchase: _____
Must home be sold first? Yes _____ No _____
Reason for move: New job _____ Transfer _____
Other _____
Expected arrival date: _____

HOUSING INFORMATION

Location: _____ Price Range: _____
Type of Property:
New Home _____ Existing Home _____ Land _____ Farm/Ranch _____ Investment _____
Condominium _____ Multi-Family _____ Other _____
Bedrooms: _____ Baths: _____ Garage: 1 _____ 2 _____ 3 _____
Comments: _____

PART A *To be completed by Referring Firm.* _____ Buyer _____ Seller REFERRAL FEE: _____ %

REFERRING FIRM SIGNATURE AND DATE

The undersigned Referring firm makes this statement to the Receiving Firm pursuant to the terms in the Acceptance of Referral. REFERRING FIRM

By: _____ Date: _____

Part B *To be completed, signed, dated, and returned by Receiving Firm.*

ACCEPTANCE OF REFERRAL

The undersigned Receiving Firm accepts this referral from the Referring Firm and agrees to promptly contact the referred Client. In the event of a sale, the Receiving Firm agrees to promptly pay and remit to the Referring Firm _____% of the listing commission or selling commission, whichever may be, as an earned referral fee for services rendered and to provide the Referring Firm the details of the transaction.

RECEIVING FIRM: _____

Date: _____ By:(Print) _____

(Sign) _____