RE/MAX Agent Referral Form

Receiving Agent Information

Agent Name:_____

Office Name:_____

Address:_____

City:_____

State/Prov:_____ Zip/PC:_____

Country:_____

E-mail:_____

Primary Phone:_____

Cell Phone:_____

Fax Number:_____

Sending Agent Information

Agent Name:_____

Office Name:_____

Address:_____

City:_____

State/Prov:_____ Zip/PC:_____

Country:_____

E-mail:_____

Primary Phone:_____

Cell Phone:_____

Referring Office Tax ID Number:_____

Fax Number:_____

Client Information

Name:_____

Current Address:_____

City:_____

State/Prov:_____ Zip/PC:_____

Country:_____

Additional Information:_____

_____

Current Home Phone Number:_____

Current Work Phone Number:_____

Cell Phone Number:_____

Number of Adults in move:_____

Number of Children in move:_____

Next Date of Home Finding Trip:_____

Expected Move Date:_____

Current Property Information

Client is a:_____ Estimated property listing price:_____ Must clients sell first:_____

Has client been pre-qualified?_____ Lender Information:_____

Reason for move:_____

Desired Property Information

Price Range:_____ Est. Down Payment:_____ Desired Monthly Payment:_____

Preferred Home Style: Single Family Home_____   Condo/Town Home_____   Other_____

Number of Bedrooms:_____   Number of Baths:_____   Square Footage:_____

Familiar with the area:_____ Preferred Area:_____

School Requirements: Elementary_____   Jr. High_____   Sr. High_____   College_____

Additional Requirements:_____

Referral Agreement Details

By signing this form as the receiving agent,_____, agrees to have his/her broker-in-charge pay an agreed upon referral fee of:_____% or $_____ flat fee, to the sending agent's broker-in-charge, for the benefit of the sending agent,_____.

Percentage-based referral fees will be based on commissions earned on the:
Listing side_____ Selling side_____ Other (please specify)_____.

Sending Agent Signature:_____ Date:_____

Receiving Agent Signature:_____ Date:_____