



BROKER-TO-BROKER REFERRAL CONFIRMATION FORM

BROKER INFORMATION

ORIGINATING BROKER

Company Name:

Street:

City, State/Province, Zip/Postal Code:

Referral Coordinator: Phone:

_____ () _____

Referring Sales Associate: Phone:

_____ () _____

DESTINATION BROKER

Company Name:

Street:

City, State/Province, Zip/Postal Code:

Referral Coordinator: Phone:

_____ () _____

Assigned Sales Associate: Phone:

_____ () _____

REFERRED CLIENT INFORMATION

() Listing Referral () Buying Referral

Is customer aware of being referred? _____

Is customer being transferred by employer? _____

Customer Name:

Mailing Address:

E-mail Address:

City, State/Province, Zip/Postal Code:

Home Phone – Best time to contact:

_() _____

Office Phone – Best time to contact:

_() _____

If Listing Referral- Listing Address:

City, State/Province, Zip/Postal Code:

If Buyer Referral – Destination City:

Destination Employer:

New Office Phone – Date of Transfer:

Housing Requirements – Style, #Bdrms, #Baths,
Land:

Price Range: _____

DATE/TIME PHONED: _____ SPOKE TO: _____
VERBALLY ACCEPTED: _____ ACCEPTANCE PENDING: _____ REFERRAL FEE AGREED UPON _____ %
ACCEPTANCE SIGNATURE: _____ TITLE