



RE/MAX International Referral Form

Receiving Agent Information

Agent Name: _____
 Office Name: _____
 Address: _____
 City: _____ State/Prov: _____ Zip/PC: _____
 Country: _____
 E-mail: _____
 Primary Phone: _____
 Cell Phone: _____

Referring Agent Information

Agent Name: _____
 Office Name: _____
 Address: _____
 City: _____ State/Prov: _____ Zip/PC: _____
 Country: _____
 E-mail: _____
 Primary Phone: _____
 Cell Phone: _____
 Referring Office Tax ID Number: _____

Client Information

Name: _____ Current Home Phone Number: _____
 Current Address: _____ Current Work Phone Number: _____
 City: _____ State: _____ Zip/PC: _____ Cell Phone Number: _____
 Country: _____ Number of Adults in move: _____
 Additional Information: _____ 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

An agreed upon referral fee of _____ will be paid by the receiving agent to the referring agent.
 The referral fee will be based on: Listing _____ Selling _____ The Commission _____
 Referring Agent Signature: _____ Date: _____
 Receiving Agent Signature: _____ Date: _____