



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: _____