



REFERRAL

Customer Type: Buyer Seller

To _____	Office Phone No. _____
Address _____	Fax Phone No. _____
City _____	State _____ Zip _____
Attention: _____	
Referral Type: _____ New Referral	_____ Confirmation of Phone Referral
Referral fee _____ % of: _____ Selling Commission	_____ Listing Commission

From: REMERICA INTEGRITY	Office Phone No. _____
Address _____	Fax Phone No. _____
City _____	State <u>Michigan</u> Zip _____
Referring Agent _____	Date _____

Customer Name _____	Home Phone No. _____
Address _____	Fax Phone No. _____
City _____	State _____ Zip _____
Occupation _____	Reason for moving _____
Family Data _____	School/Church Requirements _____
Time Frame for Move _____	

Customer Presently: _____ Rents	_____ Owns	_____ Must sell Before Buying
Their property is presently listed: _____ No	_____ Yes, for \$ _____	
Property Profile: Style _____	Bedrooms _____	Bath _____
Family Room _____	Fire Place _____	Den _____
Laundry _____	Basement _____	Garage _____
C/A _____	Lot Size _____	Square Footage _____
Special Features _____		
Areas of Interest _____		
Financial Profile _____		

Comments: _____
Comments by Receiving Broker: _____
Acknowledgment of Receiving Broker: _____ Date _____