REMERICA®
INTEGRITY REALTORS

REFERRAL

Customer Type: ____ Buyer ____ Seller

To_____ Cell 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 REALTORS Cell Phone No. _____
Address 640 Griswold Ste 200 Fax Phone No. Office: 248 912-9996
City Northville State Mi Zip 48167
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_____ Formal Dining_____
Laundry_____ Basement_____ Garage_____ Pool_____
C/A_____ Lot Size_____ Square Footage_____
Special Features_____
Areas of Interest_____
Financial Profile_____

Comments:_____

If you agree to this referral, please sign and email or fax back.

Comments by Receiving Broker:_____

Acknowledgment of Receiving Broker:_____ Date_____