

KELLER WILLIAMS REALTY REFERRAL INFORMATION FORM

SECTION 1 - RECEIVING OFFICE	SENDING OFFICE
TO: Agent: _____	FROM: Agent: _____
Firm Name: <small>Keller Williams Realty -Atlantic Partner</small> taxID # 20-3280297	Firm Name: _____
Address: 1071 Atlantic Blvd	Address: _____
City/State/Zip Atlantic Beach, FL 32233	City/State/Zip: _____
Business Phone: 904-247-0059	Business Phone: _____
Home Phone: _____	Home Phone: _____
Fax Phone: 904-247-0089	Fax Phone: _____

SECTION 2 - SELLER INFORMATION	
Seller Name: _____	When to make initial contact: _____
Address: _____	Property address to be listed: _____
City/State/Zip _____	_____
Business Phone: _____	_____
Home Phone: _____	Additional Helpful Information: _____
Fax Phone: _____	_____

SECTION 3 - BUYER INFORMATION	
Buyer's Name: _____	New Employer: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Business Phone: _____	Position and Approximate Salary: _____
Home Phone: _____	Must home be sold first? _____
Fax Phone: _____	Company buyout? _____
Preferred Location: _____	Cash Available for Purchase and Closing Costs: _____
Size and Type of Home Desired: _____	Contact Buyer at this no. first: _____
_____	By this date: _____
Price Range: \$ _____	Expected Arrival Date: _____ Moving Date: _____
Number in Family: _____	Comments: _____
Adults: _____	_____
Children: _____ Age: _____	_____
_____ Age: _____	_____
_____ Age: _____	_____

SECTION 4 - REALTOR'S ACCEPTANCE OF REFERRAL	
Prospect's Name: _____	Comment: _____
Date Contacted: _____	_____
Date of First Appointment: _____	_____
WE ACCEPT THIS REFERRAL, AND WHEN THE SALE IS CONSUMMATED, WE AGREE TO SEND _____%. (OF THE GROSS COMMISSION) REFERRAL FEE. WE WILL ENCLOSE DETAILS OF THE SALE WITH THE CHECK.	

Receiving Sales Associate Signature: _____	Date: _____	Receiving Broker's Signature: _____	Date: _____
_____	_____	_____	_____

- PLEASE PHOTOCOPY FOR COPIES -