



VIP Referral
 Buyer Seller

OFFICE #	DATE
<input type="checkbox"/> New referral not previously phoned	<input type="checkbox"/> Confirmation of phone/fax referral

FROM
TO

SENDING (Office Name)		FED. I.D. #S.S.#	CLIENTS / CUSTOMER NAME	
STREET		STREET		
CITY / STATE / ZIP		PHONE NO.	CITY	STATE / PROVINCE ZIP CODE
RELO DIR:	E-MAIL	FAX NO.	HOME PHONE NO.	OFFICE PHONE NO.
AGENT:		E-MAIL:		
RECEIVING (Office Name)		FAX NO. CELL NO.		
STREET		HAS CUSTOMER GIVEN PERMISSION TO BE REFERRED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
CITY / STATE / ZIP		PHONE NO.	PRESENTLY: <input type="checkbox"/> OWN <input type="checkbox"/> RENT	
RELO DIR:		E-MAIL	IS PROPERTY LISTED? <input type="checkbox"/> YES <input type="checkbox"/> NO LISTING PRICE: _____	
AGENT:		FAX NO.	MUST BUYER SELL BEFORE BUYING? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		EXPECTED MOVE DATE? _____		

BUYER REFERRAL:

PREFERRED LOCATIONS:		PRICE RANGE	PREF. MONTHLY PAYMENT	DOWN PAYMENT
PRE-APPROVED FOR MORTGAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO		AMOUNT	LENDER	
DESCRIBE PROPERTY DESIRED			INVESTMENT OR RETIREMENT	VA BENEFITS? <input type="checkbox"/> YES <input type="checkbox"/> NO
BEDROOMS	BATHROOMS	GARAGE	NEW/OLD CONST.	SPECIAL FEATURES:
NUMBER IN FAMILY:	ADULTS	CHILDREN (BOYS/GIRLS-AGES)		SCHOOL REQUIREMENTS:
DATE OF FIRST VISIT:	FAMILIAR WITH AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO	LOCAL CONTACT UPON ARRIVAL	AREA CODE	PHONE NO.

SELLER REFERRAL:

TYPE OF PROPERTY:	OCCUPIED: <input type="checkbox"/> YES <input type="checkbox"/> NO	BY TENANT: <input type="checkbox"/> YES <input type="checkbox"/> NO
PROPERTY ADDRESS:		NAMES:
		WHO TO CONTACT (IF NOT OWNER)
		AREA CODE PHONE NO.
SPECIAL FEATURES:		

CONTACT INFORMATION:

BEST TIME TO CALL	PREFERRED METHOD OF CONTACT	AREA CODE	PHONE NO.
IS THIS A CORPORATE TRANSFER? <input type="checkbox"/> YES <input type="checkbox"/> NO	BUSINESS NAME AND ADDRESS	IF NOT, REASON FOR MOVE?	
IS A RELOCATION COMPANY OR EMPLOYER INVOLVED IN THE RELOCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO			

COMMENTS:

AS A SERVICE TO US, YOU ARE HEREBY AUTHORIZED TO REFER US TO A REAL ESTATE OFFICE IN THE AREA LISTED ABOVE AND TO PROVIDE THEM WITH INFORMATION TO ASSIST US.

CLIENT/CUSTOMER SIGNATURE: (IF AVAILABLE) _____ DATE _____