

Slipstream Real Estate LLC

REFERRAL INFORMATION FORM

SECTION 1 – Agent Referring Client	Agent Receiving Client
Agent:	Agent:
Firm Name:	Firm Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Business Phone:	Business Phone:
Home Phone:	Home Phone:
Fax Phone:	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.	
Referring Sales Associate Signature: _____ Date: / /	Receiving Sales Associate Signature: _____ Date: / /
Referring Broker Signature: _____ Date: / /	Receiving Broker Signature: _____ Date: / /

- PLEASE PHOTOCOPY FOR COPIES