



REFERRAL SERVICES

# Information is the Key to Success!

## Referral Request

Attention: Michelle Thompson

Fax To: 602-861-3301 or Call: 800-955-1965

Email: MichelleThompson@RealtyExecutives.com

### Referring Agent:

Name: \_\_\_\_\_

Office: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fax: \_\_\_\_\_ Office/Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Accepting Agent: \_\_\_\_\_ Phone \_\_\_\_\_

### Referral Client:

Name: \_\_\_\_\_

Office: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fax: \_\_\_\_\_ Office/Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Is client aware of referral? YES \_\_\_\_\_ NO \_\_\_\_\_ Is client? Buyer \_\_\_\_\_ Seller \_\_\_\_\_ Both \_\_\_\_\_

**Housing Info:** Details about client's likes, dislikes and other pertinent information: \_\_\_\_\_

Bedrooms \_\_\_\_\_ Baths \_\_\_\_\_ Parking \_\_\_\_\_ Price Range \_\_\_\_\_

Other Info: \_\_\_\_\_

Date of Visit: \_\_\_\_\_

