## **RE/MAX International Referral Form**



XAAAL	Receiving Agent Information	Referring Agent Information
& MAX	Agent Name:	Agent Name:
	Office Name:	Office Name:
	Address:	Address:
	City: State/Prov: Zip/PC:_	City: State/Prov: Zip/PC:
	Country:	Country:
	E-mail:	L-man
		•
	Primary Phone:	
	Cell Phone:	Referring Office Tax 1D Number
Client Informat	ion	
		Current Home Phone Number:
Current Address:	:	Current Work Phone Number:
City:	State: Zip/PC:	Cell Phone Number:
Country:		Number of Adults in move:
Additional Information:		Number of Children in move:
		Next Date of Home Finding Trip:
		Expected Move Date:
Current Proper	ty Information	
		perty listing price: Must clients sell first:
•	e:	
Desired Propert	ty Information	
		Desired Monthly Payment:
_		o/Town Home Other
		Square Footage:
		:
School Requiren		Sr. High College
1		
Referral Agreer	nent Details	
		be paid by the receiving agent to the referring agent.
		g The Commission
The referral fee	win oc based on. Listing Sellin	g The Commission
Referring Agent	Signature:	Date:
Receiving Agent	Signature:	Date: