

## Kimball Realty Group Agent Referral Form

Receiving Agent Information	Sending Agent Information
Agent Name:	Agent Name:_Russell Alexander
Office Name:	Office Name:Kimball Realty Group
Address:	Address:165 S. Kimball Avenue, Suite 100
City:	City: Southlake,
State/Prov:Zip/PC:	State/Prov:TX Zip/PC:76092
Country:	Country:United States
E-mail:	E-
Primary Phone:	mail:admin@krgsite.com
Cell Phone:	Primary
Referring Office Tax ID Number:	Phone: 817-832-8452
Fax Number:	Cell
	Phone:817-832-8452
	Referring Office Tax ID Number: 47-4344625
	Fax Number: 817-393-5500
Client Information	
Name:	Current Home Phone Number:
Current Address:	Current Work Phone Number:
	Cell Phone Number:
City:State/Prov:Zip/PC:	Number of Adults in move:
Country:	Number of Children in move:
Additional Information:	Next Date of Home Finding Trip:
	Expected Move Date:
Current Property Information  Client is a: Estimated property Has client been pre-qualified? Lender Reason for move:	v listing price: Must clients sell first: r Information:
Desired Property Information  Price Range: Est. Down Payment:	Desired Monthly Payment:
	ondo/Town HomeOther
Number of Bedrooms: Number of Ba	ths:Square Footage:
Familiar with the area: Prefer	red Area:
School Requirements: Elementary Jr. High	red Area: Sr. High College
Additional Requirements:	
Referral Agreement Details	
the sending agent,  Percentage-based referral fees will be based on commission	, agrees to have his/her broker-in-charge pay flat fee, to the sending agent's broker-in-charge, for the benefit of ons earned on the:
State Sering state State (prease spe	
Sending Agent Signature:	Russell Alexander Date:
Receiving Agent Signature:	Date: