

Kimball Realty Group Agent Referral Form

Receiving Agent Information	Sending Agent Information
Agent Name:	Agent Name:
Office Name:	Office Name:
Address:	Address:
City:	City:
State/Prov:Zip/PC:	State/Prov: Zip/PC:
Country:	Country:
E-mail:	E-mail:
Primary Phone:	Primary Phone:
Cell Phone:	Cell Phone:
Referring Office Tax ID Number:	Referring Office Tax ID Number:
Fax Number:	Fax Number:
Client Information	
	Cumant Home Dhone Number
Name:	Current Home Phone Number: Current Work Phone Number:
Current Address: City:	Cell Phone Number:
State/Prov:Zip/PC:	Number of Adults in move:
Country:	Number of Children in move:
Additional Information:	Next Date of Home Finding Trip:
Additional Information.	Expected Move Date:
Current Property Information	
	Must slights sall first.
	ing price: Must clients sell first:
	ormation:
Reason for move:	
Desired Property Information	
D. D	Declar 1 Mand 1 Decreases
Preferred Home Style: Single Family Home Condo	Desired Monthly Payment:
Number of Bedrooms: Number of Baths: Preferred A	rea.
Familiar with the area: Preferred A School Requirements: Elementary Jr. High	Sr High College
Additional Requirements:	Si. High Conege
Referral Agreement Details	
By signing this form as the receiving agent.	, agrees to have his/her broker-in-charge pay
an agreed upon referral fee of: % or \$, agrees to have his/her broker-in-charge pay flat fee, to the sending agent's broker-in-charge, for the benefit of
the sending agent,	,
Percentage-based referral fees will be based on commissions e	arned on the:
)
	
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Sending Agent Signature:	Date:
Receiving Agent Signature:	Date: