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 1516 16th Avenue South · Nashville, Tennessee 37212 · 615-292-7300 · Fax 615-292-7333

REFERRAL TRANSMITTAL FORM

INSTRUCTIONS:

Referring Firm: Complete, sign and date Part A. Mail or fax entire form to Receiving Firm for acceptance.
 Receiving Firm: Complete, sign and date Part B. Make one copy for your records and return form to Referring Firm

PART A To be completed by Referring Firm

REFERRING FIRM INFORMATION Firm name: _____ Contact: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____	CLIENT INFORMATION Name: _____ Address: _____ City: _____ Work Phone: _____ Fax: _____ Home Phone: _____ Spouse/other: _____ Age: _____ _____ Age: _____ _____ Age: _____ New Employer: _____ Position: _____ Annual Income: _____
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RECEIVING FIRM INFORMATION Firm Name: _____ Contact: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ FAX _____	DESIRED HOUSING INFORMATION Preferred Location: _____ Price Range: _____ Type of Property: New Home _____ Condominium _____ Existing Home _____ Multi-Family _____ Land _____ Townhouse _____ Other _____ No. Bedroom: _____ Garage: _____ 1 _____ 2 _____ 3 School: Public _____ Parochial _____ Comments: _____ _____
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CURRENT HOUSING INFORMATION Status: Sold _____ Pending _____ Amount of Cash Available for Purchase: _____ Must Home be Sold First? _____ Yes _____ No Reason for Move? New Job _____ Transfer _____ Other _____ Expected Arrival Date _____ Moving Date: _____

REFERRING FIRM SIGNATURE AND DATE The undersigned Referring Firm makes this referral to the Receiving Firm pursuant to the terms in the Acceptance of Referral REFERRING FIRM By: _____ Date: _____
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ACCEPTANCE OF REFERRAL The undersigned Receiving Firm accepts this referral from the Referring Firm and agrees to promptly contact the referred Client. In the event of a sale, the Receiving Firm agrees to promptly pay and remit to the Referring Firm _____% of the listing commission or selling commission, whichever may be, as an earned referral fee for services rendered and to provide the Referring Firm details of the transaction. RECEIVING FIRM By: _____ Date: _____ Print Name: _____
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CLIENT CONTACT REPORT (OPTIONAL) Client contacted by: Phone _____ Fax _____ Letter _____ Meeting _____ _____ have not been able to contact Date of Contact: _____ Date of First Appointment: _____ Comments: _____ _____ _____
