

CHRISTIE'S

INTERNATIONAL REAL ESTATE

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REFERRAL FORM

FROM: (Company) _____
Address _____
City _____ State/Province _____
ZIP/Postal Code _____ Country _____
Referral Contact _____
Phone Number () _____
Fax Number () _____
Referring Agent _____

TO: (Company) _____
Address _____
City _____ State/Province _____
ZIP/Postal Code _____ Country _____
Referral Contact _____
Phone Number () _____
Fax Number () _____
Assigned Agent _____

DATE: _____

- New referral, not previously phoned
 Confirmation of phone referral placed on _____
 Buyer referral Contents
 Listing referral
 Client is aware of this referral

CLIENT
Name _____
Address _____
City _____ State/Province _____
ZIP/Postal Code _____ Country _____
Residence Phone () _____
Work Phone () _____
Cell Phone () _____
Fax Number () _____
E-mail _____

Price or price range: _____

Property information or requirements: _____

Additional information: _____

Property type: Commercial Land Residential

Specifics: Bedrooms _____ Baths _____ Square Footage _____ Acreage _____

Receiving Broker: To confirm your acceptance of this referral, complete and sign this form and send copies to Christie's International Real Estate and the sending broker.

Contact was made with the client on _____

Contact has not been made with the client because _____

Other remarks _____

After completion of a transaction with the above-named client, a referral fee in accordance with established policies will be paid upon closing

Accepted signature _____ Date _____

**Please provide follow-up regarding the status of this referral to Christie's International Real Estate.
To ensure payment of referral fees, please fax copies to the receiving broker and Christie's International Real Estate.**