



## Seller Referral

**From:**

|                           |   |                                       |
|---------------------------|---|---------------------------------------|
| Office Name: _____        | FED I.D.# SS#   | Clients Name: _____                   |
| Street: _____             | Address: _____  |                                       |
| City: _____               | State: _____  | Zip: _____                            |
| City: _____               | State: _____  | Zip: _____                            |
| Relo Dir: / Agent: _____  | Phone Number: _____   | Existing Mortgages: _____<br>\$ _____ |
| Email: _____              | Can Mortgage Be Assumed: YES <input type="checkbox"/> NO <input type="checkbox"/> |                                       |
| Reason For Selling: _____ |   |                                       |

**TO:**

|                          |                     |              |
|--------------------------|---------------------|--------------|
| Office Name: _____       | FED I.D.# SS#:      |              |
| Street: _____            |                     |              |
| City: _____              | State: _____        | Zip: _____   |
| Relo Dir: / Agent: _____ | Phone Number: _____ | Email: _____ |

TYPE OF PROPERTY: \_\_\_\_\_ OCCUPIED : YES  NO  BY TENANT: YES  NO

PROPERTY ADDRESS: \_\_\_\_\_

WHO TO CONTACT: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SPECIAL FEATURES: \_\_\_\_\_

IS THIS A CORPORATE TRANSFER: YES  NO  BUSINESS NAME/ ADDRESS: \_\_\_\_\_

COMMENTS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Receiving Broker: Please complete all pertinent information below and return this copy to our office promptly**

We have received your referral of the client indicated above and agree to service this client to the best of our ability. We agree to adhere to the policies and procedures of the Real Estate Commission including paying to you upon closing a fee of \_\_\_\_\_ % of the commission we earn on the referred side of the transaction. We agree that the referral shall remain valid for a period of \_\_\_\_\_ from the date originated.

Broker's / Relocation Director's written name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Salesperson assigned to this referral: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> Letter Follows        | <input type="checkbox"/> Out Of Area – Can't Handle |
| <input type="checkbox"/> Need More Information | <input type="checkbox"/> Called Client              |

Sold      Sales Price: \$ \_\_\_\_\_      Closing Date: \_\_\_\_\_

Additional Information:

Please Complete and Return to our office

Trademark Realty  
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Greenbelt, Md. 20770