



Buyer Referral

From:

Office Name:	FED I.D.# SS#	Clients Name:
Street:		Address: City: State: Zip: Phone #: Email:
City: State: Zip:		Presently: Own: <input type="checkbox"/> Rent: <input type="checkbox"/> Is Property Listed: Yes <input type="checkbox"/> No <input type="checkbox"/> Must Sell Before Buying: Yes <input type="checkbox"/> No <input type="checkbox"/>
Relo Dir: / Agent: Email:	Phone Number:	Reason For Moving:

TO:

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

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: _____

- | | |
|--|---|
| <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
12250 Rockville Pike #209
Rockville, Md. 20852

Trademark Realty
6401 Golden Triangle Drive
Greenbelt, Md. 20770