

Lepi

Referral Network, LLC

Referral Form

Receiving Office:

Agent: _____

Firm Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Sending Office:

Agent: _____

Firm Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Customer Information:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Approximate price range (if known): _____

Notes: _____

Acceptance of Referral:

Date Contacted: _____ Date of 1st Appt: _____

Comments: _____

We accept this referral and, when the sale is consummated, we agree to send a referral fee of ____ % of the referred side of the commission. We will enclose the details of the sale with the check.

Receiving Agent Signature: _____ Date: _____

Receiving Broker Signature: _____ Date: _____