

Rosen & Company Office Referral Form

To: _____ From: _____
Recipient's Fax: _____ Sender's Fax: 702-446-6145
Real Estate Brokerage: **Brokerage: Rosen & Company West**
Street: _____ **Street: 2670 Chandler Ave #5**
City: _____ City: **Las Vegas**
Prov./ State: _____ P.C./Zip: _____ Prov./State: **Nevada** P.C./Zip: **89120**
Agent's Phone/Email _____ Office Phone: **702-739-8820**
Referring Broker: _____
Tax ID#: _____

CUSTOMER DATA

Name: _____
Address: _____ Prov./State: _____ P.C./Zip _____
Res. Phone: (____) _____ Bus. Phone (____) _____

SELLER REFERRAL INFO.

Reason: Transfer New Job Other
Move Definite: Yes NO
Spouse: _____
Dependants: _____
Additional Info: _____

BUYER REFERRAL INFO.

Price Range: \$ _____
Down Payment: \$ _____
Type of Home: _____
Bdrms: _____ # Baths: _____
Other Requirements: _____
Must Customer Sell First?: _____
Is there property presently listed? _____

ACKNOWLEDGEMENT

I hereby accept the above referral and agree to pay _____ of listing / selling commission to referring broker..

Sender's Signature: _____ Date: _____

Recipient's Signature: _____ Date: _____

Receiving Broker's Signature _____ Date _____