

# OUTGOING REFERRAL FORM



DATE: \_\_\_\_\_ REFERRING AGENT \_\_\_\_\_

Type of Referral:  Buyer  Listing Referral Destination \_\_\_\_\_

REQUIRED INFORMATION

### Transferee Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Spouse \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

I understand that the referring agent and Lichtenstein Rowan, REALTORS® are arranging for an introduction to a qualified real estate professional company to potentially assist me with information and housing needs for my new location. I hereby agree to be contacted by this destination real estate company by telephone, who will identify themselves by referencing the referring agent Lichtenstein Rowan, REALTORS®

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

OPTIONAL INFORMATION

FAX Number \_\_\_\_\_ E-Mail \_\_\_\_\_

Best Time/Person to Call \_\_\_\_\_ Move Time Frame \_\_\_\_\_

Employer \_\_\_\_\_ Reason for Move \_\_\_\_\_

Current Home: STATUS:  Listed  Not Listed  Under Contract  Sold

Home Value \_\_\_\_\_ Style \_\_\_\_\_ Square Feet \_\_\_\_\_

Bedrooms \_\_\_\_\_ Bathrooms \_\_\_\_\_ Other Info \_\_\_\_\_

**HOUSING PREFERENCE:**

Down Payment \_\_\_\_\_ Price Range \_\_\_\_\_ Mo. Payment \_\_\_\_\_

Style \_\_\_\_\_ Square Feet \_\_\_\_\_

Bedrooms \_\_\_\_\_ Bathrooms \_\_\_\_\_

Other Instructions/Comments \_\_\_\_\_

Destination Broker: \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Assigned Agent \_\_\_\_\_ Phone \_\_\_\_\_

Date Referral Communicated \_\_\_\_\_ Notes \_\_\_\_\_

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