

COLDWELL BANKER HEARTHSIDE, REALTORS
Agent Managed Referral Form (page 1 of 2)

Buyer

Seller

Referring Agent

Date: _____ Source/Relationship of Referral: _____

Referring Agent: _____ Agent Cell #: _____

Referring Agent Email: _____

Special Instructions _____

****Are you working with this customer (List or Buy) in our market area?** _____

Customer Information

Customer(s) Name: _____

Phone #: _____ Phone# _____

Address: _____

State/Zip: _____ Is customer aware of referral? _____

Email: _____ Is move required by employer? _____

Comments: _____

For LISTINGS - Subject Property Address (if different) _____

State/Zip: _____

For BUYER - Destination Information:

Primary Destination: _____ City: _____

State: _____ Zip: _____

Type: Single Family Duplex Townhouse Condo Any _____

Familiar with the Area/Comments? _____

Price Range: From: \$ _____ To: \$ _____

Current Home on the Market (Y/N) _____

Additional Information _____

Please be advised that when you elect to place and manage an outgoing referral independent of CBH Relocation Department, you will be solely responsible for the referral, paperwork, any service issues and securing payment. Please send this form to us as we must have a copy.
Email: referrals@cbhearthside.com or fax 215-489-5708

DESTINATION BROKER

Company: _____ Referral Coordinator: _____

Address: _____ Phone: _____

_____ Coordinator Email: _____

Date/Spoke to: _____ Tax ID #: _____

⇒ Assigned Agent: _____ Assigned Agent's Cell #: _____

Assigned Agent's
Email _____

In the event of a sale or listing with the named referral, the above parties agree to a referral fee of 25%. Referral fee to be calculated off the top of the commission paid to the receiving brokerage on the transaction side.

Approved by: _____ Date: _____
Receiving Broker/Agent