



COLDWELL BANKER HEARTHSIDE, REALTORS

Relocation 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: _____ Do you want more than one Broker assigned? _____

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

If you have a request regarding the Agent or Brokerage Company, please fill out the below information. CBH Relo will need to place the referral before the Agent contacts the customer and will secure necessary paperwork. Thank you!

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 35%. 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

Please mail referral fee check and copy of ALTA to: Coldwell Banker Hearthside – Attn: Relocation 1094 Second Street Pike, Richboro, PA 189

Email form to agentlink@flywithfinn.com or Fax to 215-489-5708

Expect confirmation email within 24 hours!

