



Original Referral Date

REFERRAL NUMBER 115903

Referral Type

Buyer Seller

Other

Transferee Information

NOTE: USE TWO REFERRAL FORMS IF BOTH BUYER AND SELLER.

Name _____

City, State, Zip _____

SELECT Employer Yes No

Name _____

Phone: H- _____ W- _____

Best Time to Call _____

Contact _____

House Hunting Date / / Exp. Move Date / /

Previous Broker Contract Yes No

Name _____

Originating Broker **RELO® ID#**

Name Southern Realty Enterprises, Inc.

Address 2648 State Road 434 West

City, State, Zip Longwood, FL 32779

Phone 800-771-0031 or 407 869-0033x123

Contact Angela Lampp

Federal ID # 59-2360288

Sending Agent _____

Office _____ Phone _____

Listing Information

Address _____

Listed Yes No Contract Date / /

NOTE: ALL OUTGOING REFERRALS, MEMBER AND NON-MEMBER, SHOULD BE REPORTED. REMEMBER TO SEND FINAL STATUS OF ALL OUTGOING NON-MEMBER REFERRALS TO RELO® HEADQUARTERS.

Destination Broker Assignment(s)

Broker #1 Member **RELO® ID#** _____

Non-Member

Name _____

Address _____

City, State, Zip _____

Country _____

Phone _____

Contact _____

Agent's Name _____

Office _____ Phone _____

Broker #2 Member **RELO® ID#** _____

Non-Member

Name _____

Address _____

City, State, Zip _____

Phone _____

Contact _____

Agent's Name _____

Office _____ Phone _____

Current Home

Status: Listed Sold Rented

Home Value \$ _____

Current Style _____ Sq. Ft. _____

Bedrooms _____ Baths _____

Family Room/Den _____ Dining Room _____

Garage/Cars _____ Commute Time _____

Comments: _____

Housing Preference

Down Payment \$ _____ Range \$ _____ to \$ _____

Area(s) _____

Style _____ Sq. Ft. _____

Bedrooms _____ Baths _____

Family Room/Den _____ Dining Room _____

Garage/Cars _____ Commute Time _____

Monthly Payment Desired \$ _____ Children _____

Other Instructions: _____

Sale and Final Disposition Information

Check One (t) Sold Lost Not Moving Info Only Rented (Until _____)

Date of Sales Contract / / Estimated Close Date / / Actual Close Date / /

Purchase Price \$ _____ X Total Commission Rate % = \$ _____

Function Commission \$ _____ X Referral Fee % = \$ _____

Referral Fee Attached \$ _____ Check Number _____ Date _____

New Address of Transferee _____