



RE/MAX INTERNATIONAL REFERRAL SHORT FORM/FAX LETTER

DATE: _____

TO: John A. Sposato, PC
ahgadmin@gmail.com
602-571-3730 Cell

RECIPIENT'S FAX #: 480-355-3360

FROM: _____

SENDER'S FAX #: _____

TIME FAX SENT: _____

COMMENTS: _____

PART I

Check one: Seller Referral Buyer Referral Other: _____
This is a confirmation of referral previously Yes No New Referral Yes No

RECEIVING OFFICE

RE/MAX Office: RE/MAX Excalibur Realty
Associate: John Sposato
Office Federal ID#: 86-0690670
Street: 8510 E Shea Blvd #100
City: Scottsdale
St./Prov.: AZ Zip: 85260
Phone: 602-571-3730

REFERRING OFFICE

RE/MAX Office: _____
Referring Office Federal ID#: _____
Associate: _____
Associate S.S.# or SIN#: _____
Street: _____
City: _____
St./Prov _____ Zip: _____
Phone _____

CLIENT INFORMATION

Name: _____
Address: _____
City: _____
St./Prov _____
Home Phone: _____
Employer _____
Business Phone: _____
Address of property being referred (if different than above) _____

Status Of Present Home: (If applicable)
 Currently Listed At _____
 Not Yet Listed -Will Sell For _____
 Sold At _____ Equity _____
 Renters _____
Must Client Sell First? _____
Reason For Home: Transfer New Job Other _____
Move Definite: Yes No Authorized: Yes No

Comments _____

PART II - REFERRAL ACKNOWLEDGEMENT (Complete upon receipt. FAX or Mail copy to sender)

Agreed Upon Fee: _____ % of the Listing Commission Selling Commission.
I hereby accept the above referral:
Signature _____ Date: _____

PART III - FINAL DISPOSTION ON REFERRAL RECEIVED (Mail copy along with check to sender)

Our check # _____ for \$ _____ representing _____ percent of the commission received on this transaction.
Date of Closing: _____

Sales Price: \$ _____
Total commission paid at closing: \$ _____
LESS:
Paid to local co-op REALTOR, if any \$ _____
Commission to our office \$ _____
Comments _____

COMPLETE ANDF RETURN TO SENDER IF REFERRAL IS UNSUCCESSFUL

Referee Rented
 Sold/Purchased with other broker
 Decided not to move from original city
 Unable to contact
 Moved to another Area/City
 Other _____