



Texas Ally  
real estate group

## REFERRAL INFORMATION FORM

Referring (Source) Broker/Agent	Receiving Broker/Agent
Name:	Name:
Office:	Office:
Office address:	Office address:
City/State/Zip:	City/State/Zip:
Email:	Email:
Phone:	Phone:

Client Referred	
Name:	
Address:	City/State/Zip:
Email:	Phone:
Property Needs:	
This property is for the client's <input type="checkbox"/> personal use, or <input type="checkbox"/> intended as an investment	
Does this client own other real property in the destination country? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Referring Broker/Agent Prior Experience with this client	
Comments:	

Referral Agreement Details
An agreed upon referral fee of _____ will be paid by the receiving agent to the referring agent no later than _____ business days after the transaction is completed.
The referral fee will be based on: list price <input type="checkbox"/> sale price <input type="checkbox"/> or lease <input type="checkbox"/> The commission _____

\_\_\_\_\_  
Referring Agent Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Receiving Agent Signature

Date \_\_\_\_\_