

CRS Referral Agreement



This referral is being: ☐ **Sent to a CRS agent** ☐ **Received by a CRS agent.**

This is a: ☐ **Listing Referral** ☐ **Buying referral**

Client Information

Client's Name		
Home Address		
Home City	State	Zip
Home Phone	Business Phone	Additional Phone
Fax #	E-mail Address	

REALTORS® ACCEPTANCE OF REFERRAL

We accept this referral, and when sale is consummated, we agree to send _____%.
I will enclose details of the sale with the check.

Please complete, sign and return a copy of this agreement to the Sending Office.

Office Receiving Referral

Agent Name	
Company Name	
Address	
City/State/Zip	
Business Phone	
Home Phone	
Fax Number	
E-mail Address	
Tax ID (if business)	
SS# (if individual)	
Receiving Agent Signature	Date
Receiving Broker Approval (if applicable)	Date

Office Sending Referral

Agent Name	
Company Name	
Address	
City/State/Zip	
Business Phone	
Home Phone	
Fax Number	
E-mail Address	
Tax ID (if business)	
SS# (if individual)	
Sending Agent Signature	Date
Sending Broker Approval (if applicable)	Date

Buyer Client Profile

Preferred Location

Size and Type of Home Desired

Price Range

Cash Available for Purchase

New Employer

Contact Buyer at

Number of Adults in Family

Number of Children in Family

Ages

Must Home be Sold First?

Target Moving Date

Any Other Special Needs/Wants

Is a 3rd Party Relocation Company Involved?**Listing Client Profile**

Subject Property Address

Number of Bedrooms

Number of Bathrooms

Approx. sq footage

Property upgrades or amenities

Additional Comments