



VIP Buyer Referral

REGION #	OFFICE #	DATE
<input type="checkbox"/> New referral not previously phoned		<input type="checkbox"/> Confirmation of phone referral

FROM
TO

FROM: (Office Name)	FED I.D.#/S.S.#	CLIENT'S NAME
STREET		STREET
CITY	STATE/PROVINCE	ZIP CODE
CITY	STATE/PROVINCE	ZIP CODE
RELO DIR: AGENT:	AREA CODE	PHONE NO.
RELO DIR: AGENT:	AREA CODE	PHONE NO.
TO: (Office Name)	PRESENTLY: OWN <input type="checkbox"/> RENT <input type="checkbox"/> IS PROPERTY LISTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
STREET	MUST BUYER SELL BEFORE BUYING? <input type="checkbox"/> YES <input type="checkbox"/> NO	
CITY	STATE/PROVINCE	ZIP CODE
CITY	STATE/PROVINCE	ZIP CODE
RELO DIR: AGENT:	AREA CODE	PHONE NO.
RELO DIR: AGENT:	AREA CODE	PHONE NO.

PREFERRED LOCATIONS:	PRICE RANGE	PREF. MONTHLY PAYMENT	DOWN PAYMENT
DESCRIBE PROPERTY DESIRED			VA BENEFITS? <input type="checkbox"/> YES <input type="checkbox"/> NO
BEDROOMS	BATHROOMS	GARAGE	NEW/OLD CONST.
NUMBER IN FAMILY:	ADULTS	CHILDREN (BOYS/GIRLS-AGES)	SPECIAL FEATURES:
CONTACT INSTRUCTIONS			AREA CODE PHONE NO.
DATE OF FIRST VISIT:	EXPECTED MOVING DATE:	FAMILIAR WITH AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO	LOCAL CONTACT UPON ARRIVAL
IS THIS A CORPORATE TRANSFER? <input type="checkbox"/> YES <input type="checkbox"/> NO	BUSINESS NAME AND ADDRESS		

COMMENTS:

AS A SERVICE TO US, YOU ARE HEREBY AUTHORIZED TO REFER US TO YOUR CORRESPONDENT IN THE AREA LISTED ABOVE AND TO PROVIDE YOUR CORRESPONDENT WITH INFORMATION TO ASSIST US.

CLIENT SIGNATURE (IF AVAILABLE) _____ DATE _____

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