



Bid4Agents.com Realty
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Please make a copy for your records and send the original to the address above.

Date: _____

Referring Office: _____

Referring Agent: _____

Receiving Office: _____

Company: _____

Agent: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Client Information

Name (s): _____

Address: _____ City, State, Zip _____

Phone: Home: _____ Bus.: _____ Fax: _____

Comments: _____

Referral Acknowledgment

Seller referral () Buyer referral () Confirmation of a referral previously phoned ()

Referring office to receive _____% of listing agent commission

I hereby accept the following referral:

Broker Tax ID#: _____ Real Estate License #: _____

Signature: _____ Date: _____

Receiving Broker