



REFERRAL FORM

Date: _____

Client Name: _____

Client Contact Info: _____

Property Shown: _____

Agent Name: _____

Agent Number: _____

Agent Office Address: _____

Choose One

LEASE FEE \$200

MANAGEMENT FEE \$300

If management fee, please notate address below:

Please Allow 2 Weeks After Move-In Date for Payment.

.....
Please do not write in this space. Property Management Use Only

Date of Lease/Management Contract: _____

Check Date: _____ Check Number: _____

Managers Signature _____

.....
I acknowledge receipt of this referral check.

Broker's Signature

Date