



Client Referral Form

In order for this referral to be protected under the Royal LePage Rules and Regulations for residential referrals it must be registered with the receiving Manager/Realtor.

IF A REFERRED LISTING OR BUYER SUBSEQUENTLY ENTERS THE ROYAL LEPAGE RELOCATION SERVICES PROGRAM, THEN A REFERRAL FEE IS PAYABLE TO RLR5 AND ANY PRIOR INTERNAL REFERRAL COMMITMENT BECOMES NULL AND VOID.

Referred Date (via Phone/Mail/Fax) _____ Buy List Rent

Section 1

Referring Office: Please complete sections 1, 2, 3, 4 or 5 when sending a client referral.

Company _____

Address _____

City _____ Province _____ PC _____

Phone _____ Fax _____

Referring Salesman _____

Email _____

Office Broker/Owner/Manager _____

Section 2

Receiving Office: Please complete section 6 and return to referring office.

Company _____

Address _____

City _____ Province _____ PC _____

Phone _____ Fax _____

Office Broker/Owner/Manager _____

Assigned Realtor _____

Assigned Realtor's Email _____

Section 3 – Client Information

Name _____ Spouse _____

Address _____ No. of Children _____ Ages _____

City _____ Home Phone _____

Prov./State _____ PC/Zip Code _____ Bus. Phone _____

Email _____ New Bus. Phone _____

Reason for Move _____ Effective Transfer Date _____

If Corporate Transfer – Employer _____

Additional Information _____

Client Name _____

Referring Office File # _____

Receiving Office File # _____

Section 4 – Buyer Information

Preferred Area(s): 1. _____ Homesearch Date _____

2. _____

Price Range _____ Style/Type _____ Bedrooms _____ Baths _____

Additional Information _____

Section 5 – Listing Information

Address _____ City _____

Prov _____ PC _____ Price Expectation _____

Section 6 – Receiving Manager/Realtor's Comments

I hereby agree to pay a _____ % referral of the referred function on completion of the above transaction(s).

Realtor's Signature _____ Date _____

Broker/Manager's Signature _____ Date _____