



**BROKER-TO-BROKER  
REFERRAL CONFIRMATION FORM**

220-A Standford Ave.  
Modesto, CA 95350  
(209) 577-2121

1. Phone destination company with referral information
2. Speak only to the Referral Coordinator or Office Manager
3. Note the date and time phoned
4. Note if referral was verbally accepted or acceptance is pending
5. Complete form and give one copy to originating sales associate
6. Keep one copy for your files
7. It is not required to send a copy to CBRN

1. When forms are received, sign one copy and send to originating Coordinator or Manager
2. Keep one copy for your files
3. Send one copy to originator if/when lost or rejected, noting reason
4. Send one copy to originator if/when closed with sales information completed below
5. It is not required to send a copy to CBRN

DATE/TIME PHONED: \_\_\_\_\_ SPOKE TO: \_\_\_\_\_

VERBALLY ACCEPTED: \_\_\_\_\_ ACCEPTANCE PENDING: \_\_\_\_\_ REFERRAL FEE AGREED UPON \_\_\_\_\_ %

ACCEPTANCE SIGNATURE: \_\_\_\_\_ TITLE \_\_\_\_\_

**IMPORTANT:** It is understood by accepting this referral, the originating and destination members agree to abide by the Rules & Regulations as currently published. Should a disagreement arise over the referral fee, a sincere effort must be to resolve it by the management of the companies involved BEFORE they submit to, and agree to abide by, a ruling of the Arbitration Committee.

**BROKER INFORMATION**

**ORIGINATING BROKER**

Company Name \_\_\_\_\_

Street \_\_\_\_\_

City, State, Zip/Postal Code \_\_\_\_\_

Referral Coordinator ( ) Phone \_\_\_\_\_

Referring Sales Associate ( ) Phone \_\_\_\_\_

Federal ID/Tax ID# \_\_\_\_\_  
**DESTINATION BROKER**

Company Name \_\_\_\_\_

Street \_\_\_\_\_

City, State, Zip/Postal Code \_\_\_\_\_

Referral Coordinator ( ) Phone \_\_\_\_\_

Referring Sales Associate ( ) Phone \_\_\_\_\_

Federal ID/Tax ID# \_\_\_\_\_

**REFERRED CUSTOMER INFORMATION**

LISTING REFERRAL       BUYING REFERRAL

Is customer aware of being referred? \_\_\_\_\_

Is customer being transferred by employer? \_\_\_\_\_

If yes, see Rules & Regulations-Rule 4G \_\_\_\_\_

Customer Name \_\_\_\_\_ Internet Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State/Zip \_\_\_\_\_

If Buyer Referral \_\_\_\_\_

Destination Employer \_\_\_\_\_

New Office Phone-Date of Transfer \_\_\_\_\_

Housing Requirements—Style, # Bdrms, # Baths, Land \_\_\_\_\_

\_\_\_\_\_

Price Range \_\_\_\_\_