



Outgoing Referral Form - Michigan Offices

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Date: _____

Referring Agent: _____ **Office:** _____

Email Address: _____ **Phone:** _____

Serving the needs of your customer is our #1 priority. Having thorough and accurate information is essential to meeting those needs. Please provide information for all areas highlighted.

Does referring agent want to be contacted by assigned agent prior to client contact? Yes No

Permission to refer? Yes No

Type of Referral: Buyer Seller Renter

CUSTOMER INFORMATION

Name(s): _____

Address: _____

City/State: _____ **Zip:** _____

Phone(s): _____

Email(s): _____

BUYER REFERRAL INFORMATION

Destination: _____

House Hunting Date(s)/Timeframe: _____ **Price Range:** _____

Housing Needs: _____

SELLER REFERRAL INFORMATION

Listing Address: _____

City/State/Zip: _____

House Specifics: _____

GENERAL COMMENTS

For Referral Department Use Only:

Referral # _____ **Placed With:** _____