



COLDWELL BANKER
SCHMIDT FAMILY OF COMPANIES

OUTGOING REFERRAL FORM

Email to Diana Noskova: Relocation@cbschmidtohio.com

Phone: (440) 899-2544

Referring Agent: _____ Office: _____

Phone: _____ Email: _____

*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 marked by an *.

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

*Permission to refer? Yes No Check One: Buyer Listing Renter

Customer Information

*Name _____ *Relationship to customer _____

*Address _____

*City/State _____ *Zip _____

*Phone _____ Cell Phone _____ Email _____

Buyer Referral Information

*Destination _____ *Price Range _____

Housing Needs _____

*House Hunting Date(s): _____

*Bedrooms _____ *Baths _____

Listing Referral Information

If a listing **MUST** have (*If different from above*)

Listing Address _____

City/State _____ Zip _____

Specific information about the house