



**SCHMIDT REFERRAL NETWORK**  
 4488 Cascade Rd. SE  
 Grand Rapids, MI 49546  
 616-559-7221  
[schmidtreferralnetwork@schmidthq.com](mailto:schmidtreferralnetwork@schmidthq.com)

# REFERRAL FORM

DATE: \_\_\_\_\_

SCHMIDT REFERRAL NETWORK AGENT: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

Does Schmidt Referral Network agent want to be contacted PRIOR to the client being contacted? \_\_\_ Yes \_\_\_ No

**PROSPECT INFORMATION** (PROSPECT IS AWARE OF BEING REFERRED AND GAVE PERMISSION)

NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**GENERAL INFORMATION** (PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE)

\_\_\_\_\_ HOME FINDING \_\_\_\_\_ LISTING \_\_\_\_\_ BOTH

HOME FINDING

DESTINATION: (BE SPECIFIC) \_\_\_\_\_

TIME FRAME: \_\_\_\_\_ PRICE RANGE: \_\_\_\_\_

# OF BEDS: \_\_\_\_\_ # OF BATHS: \_\_\_\_\_ SQ. FT.: \_\_\_\_\_

OTHER NEEDS/INFORMATION: \_\_\_\_\_

\_\_\_\_\_

LISTING

PROPERTY ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

# OF BEDS: \_\_\_\_\_ # OF BATHS: \_\_\_\_\_ SQ. FT.: \_\_\_\_\_

TIME FRAME: \_\_\_\_\_ PRICE RANGE: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

\_\_\_\_\_

*It is understood that by accepting this referral, the Originating and Destination members agree to abide by the rules and regulations as currently published.*

BROKER: \_\_\_\_\_ AGENT: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

REFERRAL FEE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_