



METRO REFERRAL ASSOCIATES INC.

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Email: Metro.referrals@metroreferrals.com Web: www.metroreferrals.com

Customer/Client Referral Form
(Metro Referral Associates Inc. TAX ID# 54-1185624)

DATE: _____

Metro Referral Agent

Name _____

Phone _____

Phone _____

Email _____

BUYER OR SELLER (circle one or both)

Required Info

Name _____

Address _____

City/State/Zip _____

Home Phone _____

Office Phone _____

Cell Phone _____

Email _____

Best # and Time To Contact _____

Receiving Agent/Broker

Co. Name _____

Address _____

City/State/Zip _____

Phone _____

Email _____

Receiving Agent _____

ACCEPTANCE

REFERRAL FEE WILL BE _____ % OF THE GROSS COMMISSION ON THE REFERRED SIDE

Referring Metro Agent _____ Date _____ Receiving Agent _____ Date _____

If Selling: Property Address, if not the same as above _____

Is the property a short sale? **Y or N** Is the property vacant? **Y or N**

If Buying: Preferred Location(s) _____ Price Range _____

Is client pre-approved? **Y or N** # of bedrooms? _____ bathrooms? _____

When would they like to purchase? _____ Type of residence? Condo/ Townhouse/ Single Fam./New Home/ Land

Other Amenities? (ex: garage, finished basement, pool, etc.) _____

Other Notes: