VOSS REALTY L.L.C.
REFERRAL INFORMATION FORM

SECTION 1 - RECEIVING OFFICE	SENDING OFFICE
TO: Agent:	FROM: Agent:
Firm Name:**Voss Realty L.L.C.**	Firm Name:
Address: **24165 West IH 10 #217**	Address:
City/State/Zip: **San Antonio, TX 78257**	City/State/Zip:
Business Phone: **(866) 549-8677**	Business Phone:
Cell Phone: **(210) 823-9555**	Home Phone:
Fax Phone: **(866) 549-8677**	Fax Phone:

SECTION 2 - SELLER INFORMATION	
Seller Name:	When to make initial contact:
Address:	Property address to be listed:
City/State/Zip:	
Business Phone:	
Home Phone:	Additional Helpful Information:
Fax Phone:	

SECTION 3 - BUYER INFORMATION	
Buyer's Name:	New Employer:
Address:	Address:
City/State/Zip:	City/State/Zip:
Business Phone:	Position and Approximate Salary:
Home Phone:	Must home be sold first?
Fax Phone:	Company buyout?
Preferred Location:	Cash Available for Purchase and Closing Costs:
Size and Type of Home Desired:	Contact Buyer at this no. first: By this date:
Price Range: $	Expected Arrival Date: Moving Date:
Number in Family:	Comments:
Adults:	
Children: Age:	
Age:	
Age:	

SECTION 4 - REALTOR'S ACCEPTANCE OF REFERRAL	
Prospect's Name:	Comment:
Date Contacted:	
Date of First Appointment:	
WE ACCEPT THIS REFERRAL, AND WHEN THE SALE IS CONSUMMATED, WE AGREE TO SEND _____%. (OF THE GROSS COMMISSION) REFERRAL FEE. WE WILL ENCLOSE DETAILS OF THE SALE WITH THE CHECK.	

Receiving Sales Associate Signature: Date: / /	Receiving Broker's Signature: Date: / /

- PLEASE PHOTOCOPY FOR COPIES -

INTERACT AGENT TO AGENT REFERRAL FORM BY VOSS REALTY L.L.C.©