

CASTELLI REAL ESTATE REFERRAL & RELOCATION SERVICES

Outgoing Referral Form

Buyer Seller Renter Int'l

Today's Date: _____

Referring agent: _____

Referring agent phone: _____

Agent Email: _____

Initial Contact Instructions

HAS CUSTOMER AGREED TO BE CONTACTED? _____

Who is the first point of contact? _____

When & How: _____

Customer Information:

Name #1: _____

Cell Ph #1: _____

Email: _____

Address: _____

Home Ph: _____

Name #2: _____

Cell Ph #2: _____

Client #2 Email: _____

Children (#) _____ (Ages) _____

Hobbies/Interests: _____

Type of Agent Desired: _____

City/Area Desired: _____

Price Range: _____

Visit Planned For: _____

Relocation Date: _____

Type of Residence (SF, Condo, TH): _____

Features: Bedrooms _____ Baths _____

Size _____ Pool/Yard _____ Pets _____

Need to Speak to a Mortgage Broker? Yes No

Other Criteria: _____

Other Remarks: _____

Date Referred: _____

Trans #: _____

Referred to Company: _____

Coordinator: _____ Phone: _____

Assigned Agent: _____

Phone: _____ Email: _____