

REFERRAL INFORMATION FORM

SECTION 1

Receiving Office	Sending Office
Federal Tax ID #:	Federal Tax ID#: 26-3789475
TO Agent:	FROM Agent: Tim Vi Tran
Firm Name:	Firm Name: The Ivy Group
Address:	Address: 475 N. Whisman Road, Suite 100
City/State/Zip:	City/State/Zip: Mountain View, CA 94043
Email:	Email: tim@ivycommercial.com
Cell Phone:	Cell Phone: 408-799-5290
Fax:	Fax: 408-716-8814

SECTION 2

Seller Information	
SELLER Name:	When to make initial deposit:
Address:	Property address to be listed:
City/State/Zip:	
Email:	
Cell Phone:	
Fax:	Additional Helpful Information:

SECTION 3

Buyer Information	
BUYER Name:	Additional Helpful Information:
Address:	
City/State/Zip:	
Email:	
Cell Phone:	
Fax:	

SECTION 4

Realtors Acceptance of Referral	
Prospect's Name:	Comment:
Date Contacted:	
Date of First Appointment:	
We accept this referral and when the sale is consumated, we agree to send 25% (of the gross commission) referral fee. We will enclose details of the sale with the check.	

SECTION 5

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