



# Amber-DiLane Homes, Inc.

## Client Referral by Real Estate Agent

Date: \_\_\_\_\_

### Agent Information

Agent Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Real Estate Broker & License #: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Office #: \_\_\_\_\_ Fax: \_\_\_\_\_

### Client for Referral

Name(s): \_\_\_\_\_

Phone #'s: \_\_\_\_\_ #'s \_\_\_\_\_

Email: \_\_\_\_\_

Lot/Property Description: Waterfront \_\_\_\_\_ Interior Lot \_\_\_\_\_ Acreage \_\_\_\_\_

Address/Location: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Survey: \_\_\_\_\_ Y/N

Building Timeframe: \_\_\_\_\_ Budget: \_\_\_\_\_

*\*Provide copy of Residential Buyer Representation Agreement - 3% Commission with noted Buyers Agreement indicating buyer agrees to 3% commission; otherwise, 1% commission on Referrals.*

### Finance

Cash: \_\_\_\_\_ Y/N Pre-Approval: \_\_\_\_\_ Y/N

Banking/Mortgage Loan Entity: \_\_\_\_\_

\_\_\_\_\_  
Agent Signature

\_\_\_\_\_  
Client Signature

**EMAIL ALL REFERRALS TO MICHAEL McCORD – M2@AMBERDILANEHOMES.COM**