



**Referral Check Distribution Information**

**Form to be completed for referral checks received at the branch and are not associated with a Listing or Sale in Trident**

**Send Form & Check To:** At: Relocation Accounting  
5951 Cattleridge Avenue  
Sarasota, FL 34232

**\* All information must be filled out completely or there may be a delay in processing the check.**

**Coldwell Banker Sales Associate:** \_\_\_\_\_

**Office Name:** \_\_\_\_\_

*If Sales Associate information is not provided, please contact the Check Issuer for information.*

**Referral Type (please select):**

Listing Referral

Buyer Referral

Rental/Lease Referral

**Documentation Received:**

Referral Agreement

HUD/ Settlement Statement/ Closing Disclosure

MLS Sheet

Other

If "other" is checked, please provide an explanation to how the figures below were determined. Backup may include a print out from a website such as Realtor.com or Trulia, email from receiving broker, etc. or a Lease Agreement for a Rental/Lease referral.

Commission Date Earned \_\_\_\_\_

Explanation: \_\_\_\_\_

Manager Signature \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Client:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**Sale Price:** \$ \_\_\_\_\_

**Brokerage Company:** \_\_\_\_\_

**Referral Dollar Amount Received:** \$ \_\_\_\_\_

**Preparer's Signature Required:** \_\_\_\_\_

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

Rev. 4/17



RESIDENTIAL REAL ESTATE, INC.

Coldwell Banker Office to Office Referral Agreement Form  
To be used Inside the Referring Agent's Region ONLY

Prospect Referred:

Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Is Prospect a Buyer? \_\_\_\_\_ or a Seller? \_\_\_\_\_

If Buyer, what type of Property? Price Range? Description? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If Seller, Property Address, Description, Area, etc. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Referring Associate/Office: \_\_\_\_\_

Referred to Associate/Office: \_\_\_\_\_

Commission Split: \_\_\_\_\_ % to Referring Associate  
\_\_\_\_\_ % to Referred Associate

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

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

\_\_\_\_\_  
Office Manager Signature

\_\_\_\_\_  
Office Manager Signature