



## Referral Form

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

KRRS Referring Associate: \_\_\_\_\_

KRRS Associate Contact #: \_\_\_\_\_

KRRS Associate Email: \_\_\_\_\_

Referral Client's Name: \_\_\_\_\_

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

\_\_\_\_\_

Contact Numbers: \_\_\_\_\_

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

Circle One or both: Buyer and/or Seller

Have you obtained permission for us to contact the client? \_\_\_\_\_

Are you requesting an agent? If so, Please list their info and include company name and phone numbers? \_\_\_\_\_

\_\_\_\_\_

Have you contacted the requested agent? \_\_\_\_\_

Would you like for us to assign an agent? \_\_\_\_\_

Additional information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**It is agreed that a 25% referral fee will be paid to Kentucky Residential Referral Service. That fee is based on the total commission on the referred side of the business.**

\_\_\_\_\_  
KRRS Associate

\_\_\_\_\_  
Date

**Please Fax this form to KRRS at 502-339-1762**