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(702) 463-5950
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Buyer Referral Form

Date: _____

Referring Office: Internet Realty
8925 West Russell Road
Suite 145
Las Vegas, NV 89148
702-463-5950

Receiving Office: _____

Address: _____

City: _____ State ____ Zip _____

Phone: _____ Fax: _____

Referring Agent: _____

Assigned Agent: _____

CLIENT INFORMATION:

Client's Name: First: _____ Last: _____

Address: _____ City _____ State ____ Zip _____

Phone: Home _____ Work _____ Cell _____

Number of People in Family: Adults ____ Children ____ Ages of Children _____

Reason for Moving: _____

PROSPECT QUESTIONNAIRE

Preferred Location: ____ North ____ South ____ East ____ West

Price Range: _____ Cash Available for Purchase: _____

Property Type/Features Desired _____ Expected Moving Date: _____

Familiar with Area? ____ Yes ____ NO

BROKERAGE ACCEPTANCE: I, _____ (agent name) accept this referral,

and when a sale is consummated, I agree to send _____ % or \$ _____ to INTERNET REALTY,
as a referral fee.

Broker: _____

Agent: _____