



HORIZON REALTY

# CLIENT REFERRAL

Date/Time Phoned: \_\_\_\_\_ Spoke to: \_\_\_\_\_ / Ian or Barret Watson

Date of Referral Acceptance Confirmation: \_\_\_\_\_

**ORIGINATING BROKER/AGENT:**

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

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

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

**Prov:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Office Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Receiving Agent:** \_\_\_\_\_

**Agent Phone:** \_\_\_\_\_

**Agent Email:** \_\_\_\_\_

**DESTINATION BROKER/AGENT:**

**Company:** Coldwell Banker Horizon Realty

**Address:** 14 – 1470 Harvey Avenue

**City:** Kelowna,

**Prov:** BC **Postal Code:** V1Y 9K8

**Office Phone:** 250.860.7500

**Fax:** 250.868.2488

**Receiving Agent:** THE WATSON BROTHERS

**Agent Phone:** 250.712.2222

**Agent Email:** info@watson-brothers.com

Referred Customer Information:  Listing Referral  Buyer Referral

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

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

Phone: \_\_\_\_\_

**ADDITIONAL DETAILS** (To be completed by referring agent if deemed necessary): \_\_\_\_\_

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

**It is understood that by accepting this referral, the origination and destination members agree to abide by the rules and regulations as currently published.**

**AGREED REFERRAL FEE:** 25% of Listing or Sale (please circle) **DATE:** \_\_\_\_\_

<b>Referring Agent Signature</b>	<b>Receiving Agent Signature</b>
X _____	X _____
<b>Referring Broker Signature</b>	<b>Receiving Broker Signature</b>
X _____	X _____