



OUTGOING REFERRAL FORM

Listing Referral _____
 Buying Referral _____
 Lease Referral _____

CLIENT INFORMATION

Name:	_____		
Address:	_____		
City:	State:	Zipcode:	_____
Home Phone:	Work Phone:	Cell Phone:	_____
Email Address:	Best Time to Contact:	_____	

ORIGINATING BROKER

Company:	Coldwell Banker Commercial Prime Properties		
Address:	131 N 6th St, Suite 200		
City:	Grand Junction	State:	CO
Tax ID#:	26-1512545	Zipcode:	81501

CBDP ADMINISTRATION

Referral Director:	Robin Allenbrand		
Phone:	816.392.6288	Email:	robin.allenbrand@coldwellbankersv.com
Referring Agent:	_____		
Email:	Office Phone:	Cell Phone:	_____

DESTINATION BROKER

Company:	_____		
Address:	_____		
City:	State:	Zipcode:	_____
Tax ID#:	_____		
Referral Coordinator:	_____		
Phone:	Email:	_____	
Assigned Agent:	_____		
Email:	Office Phone:	Cell Phone:	_____

REQUIREMENTS/COMMENTS

Referral Fee _____ % of the gross commission received. Along with payment of the referral fee, destination broker shall furnish a final Settlement Statement to the originating broker.

CBCPP Relocation Director's Signature: _____
 Robin Allenbrand

Date: _____

Destination Broker's Signature _____

Date: _____