



**COLDWELL BANKER
COMMERCIAL**
PRIME
PROPERTIES

INCOMING 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: | _____ | | |
| Address: | _____ | | |
| City: | State: | Zipcode: | |
| Tax ID#: | _____ | | |
| Referral Coordinator: | _____ | | |
| Phone: | Email: | | |
| Referring Agent: | _____ | | |
| Email: | Office Phone: | Cell Phone: | |

DESTINATION BROKER

| | | | |
|-----------------|---|-------------|--|
| Company: | Coldwell Banker Commercial Prime Properties | | |
| Address: | 131 N 6th St, Suite 200 | | |
| City: | State: | Zipcode: | |
| Tax ID#: | CO | 81501 | |
| Assigned Agent: | _____ | | |
| Email: | Office Phone: | Cell Phone: | |

CBDP ADMINISTRATION

| | | | |
|--------------------|------------------|--------|--|
| Referral Director: | Robin Allenbrand | | |
| Phone: | 816.392.6288 | Email: | robin.allenbrand@coldwellbankersv.com |

REQUIREMENTS/COMMENTS

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

Destination Broker's Signature _____

Date: _____

CBCPP Relocation Director's Signature: _____

Robin Allenbrand

Date: _____