



Realtor Information

Date: _____

From: _____

Phone: _____

Fax: _____

Email: _____

Company: _____

Where do you want us to leave messages?

Is this your first referral?

YES NO

Broker Name and Company Address

If you would like to receive information on new listings and continuing education classes offered by Crown Investor Institute, enter email here:

Client Information

Name _____

Referring agent showed property and procured application to Crown - Co-op percentage fee on FMLS listing # _____ Co-op fee _____%

Prospective Tenant that you are referring by providing name and contact information to Crown - 10% of 1st month's rent.

Prospective Property Owner that would like to list his home for Lease or Lease Purchase with Crown - 10% of Procurement fee

Best ways to contact your client:

Cell _____

Home _____

Office _____

Email _____

Tell us all you can about your customer.
Our response time and customer service will be most effective if you can provide us with complete information about your customer.

If your client has already chosen a rental home, please put the address of home they leased. We pay referral fees 30 days after move in.

FAX THIS FORM TO 770-992-6725 attn. Controller