



604.322.3272 | info@amexrealty.ca

Amex Referral Form

Referral Number _____ Date of Referral _____

Referring Office Information

Company Name _____ Number _____

Address _____

City _____ Province/State _____ Postal/Zip Code _____

Telephone No. (____) _____ Fax No. (____) _____

Representative Name & Number _____ Broker _____

Receiving Office Information

Company Name _____ Number _____

Address _____

City _____ Province/State _____ Postal/Zip Code _____

Telephone No. (____) _____ Fax No. (____) _____

Representative Name & Number _____ Broker _____

Listing Referral Purchase Referral

Referral Fee of ____% of the net Listing Selling
commission to be payable upon the completion of the transaction.

Client/Purchaser Profile attached Yes No

Referring office Broker Signature _____

Receiving office Broker Signature _____