

Florida Moves, Inc.

Referral Information

Referring Agent Name: _____

Date: _____

Relocation Coordinator: Erin Giddiens relocation@ERAFlorida.com

RESIDENTIAL REFERRAL ASSISTANCE REQUEST

Confidential Client Information

Name:* _____

Address:* _____ City: _____ State: _____ Zip: _____

Telephone:* Home: _____ Office: _____ Cell: _____

Email address: _____

Best Time to contact:* _____

Married: _____ Children: _____ Ages: _____

Instructions for initial contact: _____

Property Information for Prospective Buyers

Area Desired _____ Familiar with area? _____

Buying:* _____ Renting:* _____ Current home listed or already sold? _____ Price: _____

Requirements:* Bedrooms _____ Baths _____ SF _____

Price Range:* \$ _____ - \$ _____

Other:* _____

Desc of desired home: _____

Do you need to sell before purchasing? Yes _____ No _____

Other Information? _____

Property Information for Prospective Sellers

Address of Property to be listed: _____

City: _____ State: _____ Zip: _____

Occupied by:* _____ Owner _____ Tenant _____ Vacant _____

Presently listed:* _____ Yes _____ No _____ Expires: _____ Listing Co.: _____

Type:* _____ SF Detached _____ SF Attch _____ Condo _____ Lot _____ Acreage _____ Commercial _____

SF: _____ # Bedrooms _____ # Baths _____ Year Built _____

Other Information? _____

Florida Moves Relocation Information (Internal Use) Received by: _____

Date Received: _____

Date Placed: _____