



**KELLER WILLIAMS.**  
 R E A L T Y  
**DELAWARE PREMIER PROPERTY MANAGEMENT**  
 56 W. MAIN STREET, SUITE 101  
 CHRISTIANA, DE 19702

Office (302) 355-1880  
 Fax (302) 738-4200  
[dppminfo@yahoo.com](mailto:dppminfo@yahoo.com)  
[www.kwrentals.net](http://www.kwrentals.net)

**REFERRAL INFORMATION FORM**

<b>SECTION 1 - RECEIVING OFFICE</b>		<b>SENDING OFFICE</b>	
TO: Agent: Christina Quinn		FROM: Agent:	
Firm Name: Keller Williams Realty		Firm Name:	
Address: 56 W Main St, Ste 101		Address:	
City/State/Zip: Christiana, DE 19702		City/State/Zip:	
Business Phone: 302-738-2300		Business Phone:	
Direct Phone: 302-355-1880		Home Phone:	
Fax: 302-738-4200		Fax Phone:	
		SSN:	

<b>SECTION 2 - CLIENT INFORMATION</b>	
Client's Name:	<b>OWNER:</b>
Home Address:	Property address:
City/State/Zip:	
Business Phone:	Beds/Baths/Style:
Home Phone:	Price range: \$
Fax Phone:	Date unit available:
When to make initial contact:	
Owner or renter (choose one):	<b>RENTER:</b>
Additional Information:	Preferred Location:
	Beds/Baths/Style:
	Price Range: \$
	Move in date:

<b>SECTION 4 - REALTOR'S ACCEPTANCE OF REFERRAL</b>	
Prospect's Name:	Comment:
Date Contacted:	
Date of First Appointment:	
WE ACCEPT THIS REFERRAL, AND WHEN THE LEASE IS CONSUMMATED, WE AGREE TO SEND                      % REFERRAL FEE.	

Receiving Sales Associate Signature:	Date: / /	Sending Sales Associate Signature:	Date: / /
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