



MEMBER OUTBOUND REFERRAL FORM

YOUR INFO,

Date _____ Name _____ LREC Membership # _____

Email Address _____ Phone# _____

Preferred method of contact: Phone Email.

(Please call for confirmation of receipt if not received within 24 hrs.)

CUSTOMER INFO

Name _____ Spouse/Partner _____

Current Address _____

Home # _____ Office # _____ Cell # _____

Best Time to Contact ___ AM ___ AFTERNOON ___ PM

Customer is aware that this referral has been placed. ___ Yes ___ No

LISTING REFERRAL? ___ Yes ___ No

Listing Address _____

City _____ State _____

BUYING REFERRAL? ___ Yes ___ No

Destination City & State _____

Price Range _____

Type of housing desired: ___ Condo ___ Townhouse/Villa ___ Single Family

___ Income Property ___ Land

Special Needs _____

Desired closing date _____ Is current home listed? ___ Yes ___ No

Fax: 954-563-1273 or email referrals@LRECinc.com