



HAS SOLD MORE BUSINESSES
IN THE WORLD THAN ANYONE.®

Business Ventures of Tampa Bay, Inc.
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St. Petersburg, FL 33702
Phone: (727) 705-5000 Fax: (727) 362-5109

REFERRAL AGREEMENT

DATE:	DESTINATION FAX #
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SENT TO:		VR OFFICE #:	
NAME:			
COMPANY:			
CITY:	STATE/PROV.:	ZIP CODE:	COUNTRY:
PHONE:	OFFICE:	HOME:	MOBILE:

SENT FROM:		VR OFFICE #:	
NAME:			
COMPANY:			
CITY:	STATE/PROV.:	ZIP CODE:	COUNTRY:
PHONE:	OFFICE:	HOME:	MOBILE:

FEE: COMMISSION TO BE PAID UPON CLOSING

THE AGREED REFERRAL FEE IS: []% OF THE SELLER SIDE []% OF THE BUYER SIDE

CUSTOMER INFORMATION:			
NAME:			
COMPANY:			
OFFICE ADDRESS:			
CITY:	STATE/PROV.:	ZIP CODE:	COUNTRY:
HOME ADDRESS:			
CITY:	STATE/PROV.:	ZIP CODE:	COUNTRY:
THE BEST TIME TO CALL AT THE OFFICE:	am / pm	PHONE OFFICE:	
THE BEST TIME TO CALL AT HOME:	am / pm	PHONE HOME:	
CALL AS SOON AS POSSIBLE <input type="checkbox"/> YES, IF NOT, WHEN AND WHY?			

SENDING ASSOCIATE:

Please complete the information above send this form by FAX to confirm the referral.

ALWAYS PHONE THE RECEIVING AGENT BEFORE SENDING THIS FORM!

COMMENTS	
BUYER	SELLER
SENDING ASSOCIATE SIGNATURE:	DATE:

RECEIVING ASSOCIATE: Please sign below acknowledging your acceptance of the referral and send this form by FAX. Phone, or mail, to update the Sending Associate at least once a month confirming action taken.

RECEIVING ASSOCIATE SIGNATURE:	DATE:
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