



Prudential

American Group Referral Service

**REFERRAL AGREEMENT/
LEAD REGISTRATION FORM**

**2140 E. Pebble Rd., Ste. 160, Las Vegas, NV 89123
(702) 318-4008 - Tel (702) 317-3008 - Fax**

Today's Date: _____

American Group Referral Associate: _____ Phone #: _____

Prospect Name: _____

Prospect Address: _____

Email Address: _____

Prospect Phone: (Days) _____ (Evenings) _____

Type of Lead: () Buyer () Seller () Lease/Rental (Please specify)

Property Address: _____

Comments: _____

CHECK HERE IF YOU HAVE ALREADY ASSIGNED REFERRAL AGENT TO AGENT:

Real Estate Agent's Name

Real Estate Company

CHECK HERE TO REQUEST LEAD BE PLACED FOR YOU.
(NOTIFICATION OF PLACEMENT TO A QUALIFIED AMERICANA NETWORK AGENT WILL BE RETURNED WITHIN 48 HOURS.)

American Group Referral Associate's Signature Referral Fee: _____ %
Do not leave blank

Fax to Traci Loney at 317-3008, % American Group Referral Service for processing.



THIS PORTION TO BE COMPLETED BY RECEIVING AGENT:

Receiving Agent: _____ Contact Phone: _____

Office/Company: _____

Initial Contact/Comments: _____

Receiving Agent Signature

Date of Signature

For Office Use Only: Entered: _____

Notified: _____