



HAS SOLD MORE BUSINESSES  
IN THE WORLD THAN ANYONE.

Capaldo Business Group, Inc.  
6965 Piazza Grande Avenue, #211  
Orlando, FL 32835  
407-856-4418 phone  
407-386-6600 fax

## REFERRAL AGREEMENT

<b>DATE:</b>	<b>DESTINATION E-MAIL ADDRESS:</b>	<b>DESTINATION FAX #:</b>
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<b>SENT TO:</b>			<b>VR OFFICE Unit #:</b>
NAME:			
COMPANY:			
CITY:	STATE/PROV.:	ZIP CODE:	COUNTRY:
PHONE:	OFFICE:	HOME:	MOBILE:

<b>SENT FROM:</b>			<b>VR OFFICE Unit #:</b>
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

<b>CUSTOMER INFORMATION:</b>			
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!**

<b>COMMENTS</b>	
<input type="checkbox"/> BUYER	<input type="checkbox"/> SELLER

<b>SENDING ASSOCIATE SIGNATURE:</b>	<b>DATE:</b>
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**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.*

<b>RECEIVING ASSOCIATE SIGNATURE:</b>	<b>DATE:</b>
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