



SUNSTAR  
REALTY, INC.

## PROPERTY MANAGEMENT REFERRAL FORM

Referring Associate \_\_\_\_\_

Office location \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail Address \_\_\_\_\_

### CUSTOMER INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HM PHONE: \_\_\_\_\_ OTHER \_\_\_\_\_

IS CUSTOMER AWARE THEY ARE BEING REFERRED? \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
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