

EXHIBIT "A"
CLIENT REFERRAL REGISTRATION

Date: _____

Referring Real Estate Company: _____

Referring Broker / Agent: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (Home) _____ (Work) _____

(Cell) _____ (Fax) _____ E-mail: _____

Referral Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (Home) _____ (Work) _____

(Cell) _____ (Fax) _____

E-mail: _____

Comments:

Submitted by: _____

Date: _____

Referring Broker or Agent Accepted by: _____

Date: _____

Atlantic Grande Realty, LLC
1000 2nd Ave South. Suite 310,
North Myrtle Beach, SC 29582

Telephone 843-280-3740 Fax 843-280-3711

E-mail info@bonusplusmarketing.com