

REFERRAL FORM

1. TYPE OF REFERRAL (Select one)

☐ Buyer
 ☐ Seller
 ☐ Short-Term Rental
 ☐ Long-Term Residential Tenant
☐ Other (please specify)

2. YOUR DETAILS

Your First Name

Your Last Name

Your Email Address

Your Phone Number

You Are (Select One)

☐ Internal Team Member

☐ Owner / Resident

☐ External Partner / Agent

☐ Member of the Public

3. LET US KNOW WHO YOU ARE REFERRING

Do you have their consent to share their details (Select One)

☐ Yes
 ☐ No

4. THEIR DETAILS

Their First Name

Their Last Name

Their Email Address

Their Phone Number

Their Preferred Contact Method

(Select One)

☐ Phone

☐ Email

5. PROPERTY DETAILS (only if known)

Property Address

Building Name

Street Name

Suburb

State

6. CONFIRMATION

I confirm the information provided is accurate to the best of my knowledge.

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