



GBI BUCK AGENT REFERRAL FORM

Date _____

REFERRAL INFORMATION

Homeowner Name _____

Subdivision _____

Address (Lot #) _____

City/State/Zip _____

Phone (just for our records) _____ Alternate Phone _____

Special Needs Identified (please describe if possible) _____

Would your client be receptive to a call from GBI? Yes No

AGENT INFORMATION

Agent Name _____

Broker _____

Mailing Address _____

City/State/Zip _____

Phone _____ Alternate Phone _____

Email _____

PLEASE FAX COMPLETED FORMS TO: 770-993-5065