



In order to process the referral fee, please fill out all of the following information and email it to transactions@setschedule.com.

Agent Name: _____

Property Address: _____

Closing Amount for Escrow: _____ Projected Close Date: _____

Commission due to Agent: _____

Credit Card Information			
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover <input type="checkbox"/> AMEX
	<input type="checkbox"/> Other _____		
Cardholder Name (as shown on card): _____			
Card Number: _____			
Expiration Date (mm/yy): _____			
Cardholder ZIP Code (from credit card billing address): _____			

I, _____, authorize SetSchedule to charge my credit card for the 20% referral fee for the property mentioned above.

Card Holder Signature

Date