

PROFESSIONAL REFERRAL FORM - Attorney

Please fill out this form if you would like to be a part of our professional referral network.

Referral Information

Name: _____

Company: _____

Address: _____

Phone #: _____

Email: _____

Specialization:

Which areas of law do you specialize in?

What business experience do you have with contracts and closings?

What business size do you typically work with?

Annual Sales # _____

What type of clients are you looking for?

Signature

Date

This authorizes VR-LAKES BUSINESS GROUP to provide your information to potential new clients.

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