

# CSA REFERRAL BONUS PROGRAM

## APPLICATION FORM

[ Fax Completed Form to 866.283.5201 ]

**For the purpose of a Cost Segregation Study, the undersigned refers the client listed below and provides an "introduction" which aids in acquiring a signed contract for services. Payment is based upon the type of introduction as defined in the CSA Referral Bonus Program. Approval and acknowledgement by CSA Management required before agreement is finalized.**

### REFERRER INFORMATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

### REFEREE INFORMATION

Contact Name: \_\_\_\_\_

Company Name \_\_\_\_\_

Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Web Address: \_\_\_\_\_

Other information: \_\_\_\_\_

Date / Time / Location of Introduction: \_\_\_\_\_

Type of Introduction: \_\_\_\_\_

**For Official use ONLY**

\_\_\_\_\_  
Signature and Date

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