



PO BOX 786
Hammond LA 70404
info@ramcs.com
(985) 345-1548

REFERRAL CLAIM FORM

Date: _____

Name of person making referral: _____

Referred Client: _____

Client Primary Contact: _____

Mailing Address: _____

City: _____ Zip: _____

Phone: _____ alternate Phone: _____

Referral fees must be requested within 30 days of referral. Referral fees are 10 percent of Manage Service Agreement. Fees will be paid only after payment by client. The referral program is subject to change without prior notification and all final determinations are at the sole discretion of the management.