

Client Referral Form

Referring Client/Company

First Name: _____ Last Name: _____
Company: _____ Website: _____
Address: _____
City: _____ State/Region/Province _____ Postal Code _____
Email: _____ Phone: _____ Fax _____

Receiving Client/Company

First Name: _____ Last Name: _____
Company: _____ Website: _____
Address: _____
City: _____ State/Region/Province _____ Postal Code _____
Email: _____ Phone: _____ Fax _____

Referral Introductory Statement

Congratulations! This is your first step to quality organic SEO. We design a program custom fit for your company's specific needs. Our methods are unique to us. These trade secrets are important in obtaining the best possible results for our clients requiring us to carefully vet whom we work with.

Welcome!



Michael E. Buckholtz - CEO of SIM, Inc.

Signatures

Authorized Referring Client

Date

Authorized Receiving Client

Date