

Best Western Cary Inn And Extended Stay Suites



Realtor Referral Program



Guest Name: _____

Guest Company: _____

Guest Phone: _____

Arrival Date: _____

Departure Date: _____

Of Nights: _____

**\$50 paid for every
30 night or more reservation**

Realtor Name: _____

Real Estate Company: _____

Tax ID Number: _____

Realtor Phone: _____

Realtor Email: _____

Address to Mail Referral Check:

*Checks will be mailed after the
30th consecutive night*

Please complete form and fax to
Cynthia Ferguson 919- 467-7535