



You **SCRATCH**
OUR **back...**

Toll Free 800- 964-7070

Fax 248-623-4911

5492 Dixie Hwy.

Waterford, MI 48329

REFERRAL FORM

From: _____

Customer Referred:

Name _____

Address _____

Address _____

Oak Salesman/Project Manager (if applicable):

For Oak's Internal Use:

Work Order # _____

Total Sale \$ _____

Date Completed _____

Date Paid in Full _____

Commission Amt. \$ _____

Approved By: _____

**Referral Commission is 3% of the Sale Amount – Not to Exceed \$500.00 per job.
Please remit completed Referral Form & W9 (if over \$600 for the year), via one of
the following methods: lisa@oakelectric.com or Fax Attn: Lisa Jacobs 248-599-5239**