

REFERRAL AGREEMENT

CLIENT INFORMATION

Name _____

Address _____

Phone (____) ____ - ____ Alt. Phone (____) ____ - ____ Client Type: Buyer Seller

Email Address _____

FROM

Referring Agent _____

Referring Brokerage _____

Address _____

Phone (____) ____ - ____ Email Address _____

TO

Receiving Agent _____

Receiving Brokerage _____

Address _____

Phone (____) ____ - ____ Email Address _____

REFERRAL AGREEMENT

An agreed upon referral fee of _____ will be paid by the receiving brokerage to the referring brokerage.

The referral fee will be based on: Listing Selling Commission Amount

Referring Agent Signature _____ Date ____ / ____ / ____

Receiving Agent Signature _____ Date ____ / ____ / ____