

**ORIGINATING BROKER**

Brokerage: \_\_\_\_\_  
Referring Agent's Name: \_\_\_\_\_  
Office Address: \_\_\_\_\_  
Agent's Cell Number: \_\_\_\_\_  
Agent's Email: \_\_\_\_\_  
Agent Signature \_\_\_\_\_

**RECEIVING BROKER**

Brokerage: \_\_\_\_\_  
Receiving Agent's Name: \_\_\_\_\_  
Office Address: \_\_\_\_\_  
Agent's Cell Number: \_\_\_\_\_  
Agent's Email: \_\_\_\_\_  
Agent Signature: \_\_\_\_\_ Broker Signature: \_\_\_\_\_

**CLIENT INFORMATION**

Client Name: \_\_\_\_\_  
Property Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Client is: Buying \_\_\_\_\_ / Selling \_\_\_\_\_ / Other \_\_\_\_\_

Receiving Brokerage agrees to pay Originating Brokerage a Referral Fee of \_\_\_\_\_ % of the Total Commission paid to Receiving Brokerage or a Flat Fee of \$ \_\_\_\_\_ upon successful closing within 5 Calendar Days of Commission being received by Receiving Brokerage.

This Referral Agreement Begins on \_\_\_\_\_ and Expires on \_\_\_\_\_ or is valid as specified here \_\_\_\_\_.

Originating Brokerage MUST Provide a copy of Brokerage W9

Receiving Brokerage Mail Payment along with copy of Final Settlement Statement