

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