



## REFERRAL AGREEMENT

### CLIENT INFORMATION

**REFERRAL TYPE:** ☐ Listing Referral ☐ Buying Referral

CLIENT NAME(S)			
CURRENT ADDRESS	CITY	STATE	ZIP
CLIENT PHONE	CLIENT EMAIL		
OTHER INFORMATION			

### REFERRING BROKER

AGENT NAME	BROKERAGE NAME		
BROKERAGE ADDRESS	CITY	STATE	ZIP
BROKERAGE PHONE	BROKERAGE EMAIL ADDRESS		
<b>REFERRING AGENT SIGNATURE</b>	<b>REFERRING BROKER SIGNATURE</b>		

### RECEIVING BROKER

AGENT NAME	BROKERAGE NAME		
BROKERAGE ADDRESS	CITY	STATE	ZIP
BROKERAGE PHONE	BROKERAGE EMAIL ADDRESS		
<p>We accept this referral and when a sale is consummated, we agree to pay _____% of the listing side or selling side of the transaction to the referring broker, whichever is applicable. Receiving Broker will provide a copy of the closing statement along with the check as soon as possible after the closing, but not later than ten (10) days after the date of closing. This referral is not transferable without permission of the Referring Broker. The referral fee applies to one successful transaction only.</p>			
<b>RECEIVING AGENT SIGNATURE</b>	<b>RECEIVING BROKER SIGNATURE</b>		