

REFERRAL AGREEMENT

(TO BE COMPLETED AND RETURNED)

Company: _____
Agent: _____
Address: _____
Address: _____
Phone: _____
Date: _____

_____ REAL ESTATE; AGENT: _____

DIR. PHONE: _____ FAX: _____

☐ ORIGINATING AGENT ☐ RECEIVING AGENT ACCEPTED BY: _____
(MUST BE SIGNED)

FEDERAL TAX I. D. # _____ MANAGING BROKER: _____

CO-OPERATING AGENT _____ E-MAIL: _____

NAME: _____ CELL. PH: _____ FAX: _____

COMPANY: _____ BUS. PH: _____ FAX: _____

ADDRESS: _____ CITY: _____

STATE/PROVINCE: _____ COUNTRY: _____ ZIP: _____

☐ ORIGINATING AGENT ☐ RECEIVING AGENT ACCEPTED BY: _____
(MUST BE SIGNED)

FEDERAL TAX I.D. OR UST #: _____ MANAGING BROKER: _____

REFERRAL FEE:

% OF THE : _____ OR \$ _____.

COMMISSION TO BE PAID UPON CLOSING.

CUSTOMER / CLIENT:

NAME: _____ RES. PH: (____) _____ FAX: (____) _____

COMPANY: _____ BUS. PH: (____) _____ FAX: (____) _____

ADDRESS: _____ CITY: _____

STATE/PROVINCE: _____ COUNTRY: _____ ZIP: _____

NOTES ON REFERRAL: _____