

REFERRAL AGREEMENT

(TO BE COMPLETED AND RETURNED)

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

| | | |
|--|--|--|
| _____ REAL ESTATE; | | AGENT: _____ |
| DIR. PHONE: _____ | FAX: _____ | |
| <input type="checkbox"/> ORIGINATING AGENT | <input type="checkbox"/> 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: _____ |
| <input type="checkbox"/> ORIGINATING AGENT | <input type="checkbox"/> RECEIVING AGENT | ACCEPTED BY: _____ (MUST BE SIGNED) |
| FEDERAL TAX I.D. OR UST #: _____ | MANAGING BROKER: _____ | |

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|-------------------------------------|
| 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: _____ | | |