



REFERRAL AGREEMENT

BROKER TO BROKER



Referring:

Buyer

Seller

Property Address: _____

Client Information

Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone: _____ Cell: _____ Email: _____

When to Contact: _____ Expected Move Date: _____ Expected Arrival Date: _____

Areas Requested: _____

Estimated Price Range: _____ Loan Pre-Approval: _____ Yes _____ No

Current Home Needs to be sold before purchase: _____ Yes _____ No

Size and Type of Home Desired: _____

of People in Family: _____ Adults _____ Children (Ages: _____) Pets? _____

New Employer: _____

Address/City/State/Zip: _____

Comments: _____

Receiving Office Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Agent Name: _____ Phone: _____

Fax: _____ Cell: _____ Email: _____

Referring Office Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Agent Name: _____ Phone: _____

Fax: _____ Cell: _____ Email: _____

ACCEPTANCE OF REFERRAL

Receiving Office accepts this Referral and agrees to pay to Referring Office, upon closing of the transaction, the amount of \$ _____ OR _____ percent (_____ %) of the compensation received by our office as agent for the client referred to us by this Referral Agreement.

Receiving Broker Signature

Referring Broker Signature

Receiving Agent Signature

Referring Agent Signature

Date: _____

Date: _____