

CLIENT: ☐ **BUYER** (or Tenant)

☐ **SELLER** (or Landlord)

☐ **BOTH**

REFERRING SIDE

Brokerage: _____

Office Address: _____

Agent: _____

License #: _____

Phone: _____

Email: _____

RECEIVING SIDE

Brokerage: _____

Office Address: _____

Agent: _____

License #: _____

Phone: _____

Email: _____

CLIENT INFORMATION

Name: _____

Price Range: _____

Phone: _____

Coverage Area: _____

Email: _____

Receiving Brokerage agree to pay Referring Brokerage a Referral Fee as outlined below at the close of escrow. Referral fee shall be paid to Referring Brokerage within 14 calendar days of commission being received by Receiving Brokerage.

FEE: ☐ ____% of Commission ☐ \$_____ of Commission ☐ Other (see below)

TERMS: (1) Valid for ____ number of transactions

(2) This Referral Agreement begins on _____ and expires on _____

Additional Terms: _____

Referring Agent Signature

Date

Receiving Agent Signature

Date

Referring Broker Signature

Date

Receiving Broker Signature

Date

Payable To: Epique Realty | **Tax ID** #88-1190134 | **Mailing Address:** 16225 Park Ten Place, Suite 500 Houston, TX 77084

Wiring Info: Epique Inc. | ABA: 091311229 | ACCT: 202300764864 | Choice Financial Group

PLEASE ATTACH THIS AGREEMENT WITH PAYMENTS