If you have any questions about how to fill out this form correctly please give me a call or text 425-530-6606 Ask for Jason

Form 11
Referral Agreement
Rev. 3/21

REFERRAL AGREEMENT

REFERRAL FEE: ❑ $_____ **DATE**: _____

❑ _____% of Listing Brokerage Firm Compensation

❑ _____% of Buyer Brokerage Firm Compensation

❑ _____% of sale price

1. REFERRING FIRM: Best Choice Realty Office No: 1546

Broker Name: Jason Henry

Address: 16400 Southcenter Pkwy Suite 3

_____

Phone: 509-795-2029 Fax: _____ Email: support@bestchoicerealtywa.com

2. DESTINATION FIRM: _____ Office No: _____

Broker Name: _____

Address: _____

_____

Phone: _____ Fax: _____ Email: _____

3. PROSPECT INFORMATION: ❑ Seller ❑ Buyer ❑ Other _____

Name: _____

Address: _____

_____

Phone: _____ Fax: _____ Email: _____

Comments:

4. TERMS OF REFERRAL

Destination Firm shall pay to Referring Firm the Referral Fee if, within _____ months (eighteen (18) months if not filled in) of the date of this Agreement, Destination Firm is paid compensation as a result of the services it provides to Prospect.

_____ _____

Referring Firm (*Designated Broker/Branch Manager*) Destination Firm (*Designated Broker/Branch Manager*)