



REFERRAL AGREEMENT

ORIGINATING BROKER

Brokerage: _____

Referring Agent's Name: _____

Office Address: _____

Agent Phone Number: _____ Email Address: _____

RECEIVING BROKER

Brokerage: _____

Receiving Agent's Name: _____

Office Address: _____

Agent's Phone Number: _____ Email Address: _____

CLIENT INFORMATION

Client is: _____ Buying _____ Selling Other: _____

Name(s): _____

Address: _____

Phone Number: _____ Email Address: _____

Receiving Brokerage agrees to pay Originating Brokerage a referral fee of:

- A) _____ (%) of \$_____ commission paid to Receiving Brokerage based off the final Sales Price
- B) Flat fee of \$_____

Receiving Brokerage discloses that there is another party involved in the transaction: _____ Yes _____ No

If yes, _____ (%) or Flat fee of \$_____ will be disbursed to the other party _____ before or _____ after disbursement to the Originating Brokerage

Referral fee shall be paid to Originating Brokerage within _____ calendar days of commission being received by Receiving Brokerage.

This Referral Agreement is valid for _____ transaction(s) with Client placed under contract during the period defined below.

Receiving Agent agrees to notify Originating Agent of client entering contract within 5 days of contract acceptance and estimated closing date.

This Referral Agreement will Begin on _____ and Expire on _____.

REFERRAL AGREEMENT (continued)

REQUIRED DOCUMENTS

- Originating Brokerage’s and Agent’s real estate license and Company W9 furnished to Receiving Brokerage.
- Closing Statement/Final Settlement Statement furnished with payment to Originating Brokerage.

Signatures:

Originating Agent: _____ Date: _____

Originating Managing Broker: _____ Date: _____

Receiving Agent: _____ Date: _____

Receiving Managing Broker: _____ Date: _____

Payment to eXp Commercial Instructions

(NOT set up for wire transfers at the present time.)

Make all checks payable to: eXp Commercial LLC | Tax ID 85-2489426 (W9 Attached) and include a copy of this agreement with payment. **Email copy of check to the eXp Agent.**

For Regular U.S. Postal Service (USPS) –
Use of this address for payments mailed via the U.S. Postal Service (USPS) will result in delays.

Mail to:
913393
EXP Commercial, LLC
P.O. Box 913393
Denver, CO 80291-3393

For Overnight Deliveries ONLY (NOT USPS) – This address is to be used for overnight deliveries ONLY!

Overnight/FedEx:
Lockbox Services 913393
EXP Commercial, LLC
MAC C7301-L25
1740 Broadway St- LL2
Denver, CO 80274