

Referral Form
RealtyReferrals.biz.
2521 Pier Dr.
Ruskin, FL 33570
941-504-0423 Office

Please make a copy for your records and send the original to the address above.

Date:

Referring Office: RealtyReferrals.biz

Referring Agent:

Receiving Office:

Receiving Agent:

Receiving Office Address:

Receiving Office City, State, Zip:

Receiving Office Phone:

Fax:

Client Information

Name (s):

Address:

City, State, Zip

Phone-Cell :

Bus:

Comments:

Referral Acknowledgment

Seller referral () Buyer referral () This is a confirmation of a referral previously phoned ()
Referring office to receive % of listing commission () selling commission ()
I hereby accept the following referral:

Signature: _____ Date: _____
receiving agent/broker

Final Disposition on Referral Received
(Mail copy along with check to referring office)

Sale price: \$ _____
Total commission received at closing: \$ _____
Total commission paid to selling/listing side: \$ _____
_____ % of selling/listing commission = \$ _____

Closing date _____

Our check # _____ in the amount of \$ _____ representing the above % of the commission received on this transaction is enclosed.

Note to receiving office: Please place this form in the client file and advise all responsible agents that a referral fee is to be paid on this client.