REFERRAL AGREEMENT

Agent Receiving Referral: _____

Brokerage: _____

Office Address: _____

Office Phone: _____ Cell Phone: _____

Email Address: _____

Broker License # _____Tax ID#_____

Agent Sending Referral: _____

Brokerage: _____

Office Address: _____

Office Phone: _____ Cell Phone: _____

Email Address: _____

Broker License # _____Tax ID#_____

Client is looking to BUY: _☐__ Client is looking to SELL: _☐_

Client's Name: _____

Client's Address: _____

Client's Phone: _____ Cell Phone: _____

Misc. Information: _____

Receiving brokerage agrees to pay _____ a referral fee of _____ (% or amount) of the commission paid to the Sending brokerage _____ at the close of escrow.

_____	_____
Receiving Agent Date	Receiving Broker Date
_____	_____
Sending Agent Date	Sending Broker Date