



AGENT REFERRAL AGREEMENT

Referring (Source) Broker/Agent

NAME

COMPANY

BUSINESS ADDRESS

E-MAIL ADDRESS

PHONE

Receiving Broker/Agent

NAME

COMPANY

BUSINESS ADDRESS

E-MAIL ADDRESS

PHONE

Client's Information

NAME

E-MAIL ADDRESS

PHONE

FAX

ADDRESS (STREET #) (STREET NAME) (CITY)

ADDRESS (STATE) (ZIP CODE)

NOTES



Compensation

Receiving firm shall pay the referring firm _____ % of the referral side commission before internal distribution. The parties hereby agree that the referral fee shall be fully paid by the Receiving Broker/Agent no later than 7 business days after the transaction is completed.

Term

This contract is good for a period of _____ from the referral date. Each firm represents that it has an active real estate license as of the date of this agreement. By signing below both parties acknowledge receipt of this referral agreement.

X _____
Authorized Referring Broker/Agent

Date

X _____
Authorized Receiving Broker/Agent

Date