



AGENT REFERRAL AGREEMENT

ORIGINATING BROKERAGE

Brokerage: _____
Referring Agent's Name: _____
Agent's Office Address: _____
Agent's Phone Number: _____ Email: _____

RECEIVING BROKERAGE

Brokerage: _____
Receiving Agent's Name: _____
Agent's Office Address: _____
Agent's Phone Number: _____ Email: _____

CLIENT INFORMATION

Client Name(s): _____
Address: _____
Phone Number: _____ Email: _____
Client referral type: Buyer Seller Other: _____

REFERRAL FEE: _____ % of the total gross referred Buying Listing side commission(s) received will be paid to the company referring the Buyer or Seller within 7 calendar days of receipt of commission(s). NOTE: This is a percentage of the actual dollar amount of the commission earned, not a percentage of the sales price.

EXPIRATION DATE: This Agreement begins on the last date signed below and expires on the following date: _____ at 11:59 PM. This Agreement will automatically extend through the term of any agency agreement entered with the referred Buyer or Seller, or if negotiations have begun, through any closing date(s).

REQUIRED DOCUMENTS

Referral Commission Invoice with Tax ID and EFT payment instructions.

SIGNATURES

Client: _____ Date: _____
Originating Agent: _____ Date: _____
Originating Managing Broker: _____ Date: _____
Receiving Agent: _____ Date: _____
Receiving Managing Broker: _____ Date: _____