



**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

Originating Agent: \_\_\_\_\_ Date: \_\_\_\_\_  
Originating Managing Broker: \_\_\_\_\_ Date: \_\_\_\_\_  
Receiving Agent: \_\_\_\_\_ Date: \_\_\_\_\_  
Receiving Managing Broker: \_\_\_\_\_ Date: \_\_\_\_\_