

Referral Agreement

Referring Agent / Broker		
First Name:	st Name: Last Name: mpany: Website:	
Address:		
		Postal Code:
Email:	Phone:	Fax:
Twitter	Facebook:	Linkedin:
Receiving Agent / B	roker	
First Name:	Last Name:	
Company:	Website:	
Address:		
City:	State/Region/Province:	Postal Code:
Email:	Phone:	Fax:
Twitter	Facebook:	Linkedin:
in connection with a in Referring Agent/Brok said referral fee, in th % of the sell real <u>estate</u> transaction The parties hereby ag	g Broker/Agent receives a commission of real estate transaction consummated in er will be entitled to a referral fee, and R e amount of: price, list price, commission recein involving Referred Client.	volving the Referred Client (page 2),
Authorized Referring	Agent/Broker	Date
Authorized Receiving	Agent/Broker	Date



Referral Agreement

Client Information Name: _____ State/Region/Province: ______ Postal Code: _____ Phone: _____ Mobile: ____ Email: _____ Reason for Buying / Selling: Selling: Current Property Information Estimated Property Listing Price: \$_____ Client Must Sell By: _____ Home Style: Single Family Home Condo/Town Home Other _____ Number of Bedrooms: _____ Number of Baths _____ Square Footage _____ **Buying: Desired Property Information** Price Range: \$_____ Estimated Down Payment: \$ _____ Desired Monthly Payment: \$ _____ Preferred Style: Single Family Home Condo/Town Home Other _____ Number of Bedrooms: _____ Number of Baths _____ Square Footage _____ Familiar with the area? _____ Preferred Area _____ School Requirements: Elementary Jr. High High School College Additional Requirements: