

Referral Agreement

Receiving Agent Information

Agent Name: _____
Office Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Phone: _____
Email: _____

Referring Agent Information

Agent Name: _____
Office Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Phone: _____
Email: _____

Client Information & Preferences

Client Name: _____ Address: _____
Phone: _____ City: _____
Email: _____ State: _____ Zip: _____
Price Range: _____ Down Payment: _____ Desired Monthly Payment: _____
Preferred Home Style: Single Family Condo/Townhouse Other: _____
Bedrooms: _____ Bathrooms: _____ Square Footage: _____
Elementary: _____ Jr. High: _____ Sr. High: _____ College: _____

Description / Other Information

Referral Agreement Details

AN AGREED UPON REFERRAL FEE OF _____ WILL BE PAID BY THE RECEIVING AGENT TO THE REFERRING AGENT.

Referral fee will be based on: Listing Selling Commission

Referring agent signature: _____ Date: _____

Receiving agent signature: _____ Date: _____