



## Referral Agreement

Referral fee \$ [ ] Date: [ ]  
\$ [ ] % of LOC \$ [ ] % SOC \$ [ ] % Sale Price

1. Referring Broker: [ ] MLS Office # [ ]  
Licensee Name: [ ]  
Address: [ ]  
Phone: [ ] Fax: [ ] email: [ ]

2. Destination Broker: [ ] MLS Office # [ ]  
Licensee Name: [ ] Address: [ ]  
Phone: [ ] Fax: [ ] Email: [ ]

3. Prospect Information  Seller  Buyer  Other [ ]  
Name: [ ] Address: [ ]  
Phone: [ ] Fax: [ ] Email: [ ]

Comments: [ ]

4. Terms of Referral:  
Destination Broker shall pay to Referring Broker the Referral fee if, within [ ] months (eighteen (18) months if not filled in) of the date of this Agreement, Destination Broker is paid a commission as a result of the services it provides to Prospect.

\_\_\_\_\_  
Referring Licensee

\_\_\_\_\_  
Destination Licensee