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REFERRAL AGREEMENT

REFERRAL FEE: ❑ $_____ **DATE**: _____

❑ _____% of Listing Firm Commission

❑ _____% of Selling Firm Commission

❑ _____% of sale price

1. **REFERRING FIRM:** _____ Office No: _____

Broker Name: _____

Address: _____

_____

Phone: _____ Fax: _____ Email: _____

2. **DESTINATION FIRM:** _____ Office No: _____

Broker Name: _____

Address: _____

_____

Phone: _____ Fax: _____ Email: _____

3. PROSPECT INFORMATION: ❑ Seller ❑ Buyer ❑ Other _____

Name: _____

Address: _____

_____

Phone: _____ Fax: _____ Email: _____

Comments:

4. TERMS OF REFERRAL

Destination Firm shall pay to Referring Firm the Referral Fee if, within _____ months (eighteen (18) months if not filled in) of the date of this Agreement, Destination Firm is paid a commission as a result of the services it provides to Prospect.

_____ _____

Referring Firm (*Signature*) Destination Firm (*Signature*)