



Date Paid: _____
Amount Paid:\$ _____

Referral Agreement

Receiving Office _____
 _____ (Brokerage)
 Mailing Address _____
 _____ (Address, City, State, Zip)
 Phone _____ Fax _____
 Agent Name _____ Direct _____

Referring Office _____
 _____ (Brokerage)
 Mailing Address _____
 _____ (Address, City, State, Zip)
 Phone _____ Fax _____
 Fed. Tax ID # _____ Broker # _____
 Referring Agent _____ Direct _____

Client Name _____ Phone _____
 Address _____
 _____ (Address, City, State, Zip)

Reason for Referral _____ Listing _____ Buying _____ Lease _____ Other _____

It is here by agreed that a fee of _____ % or \$ _____ shall be paid ____ To ____ By BR Realty™ through commissions that are a direct result, of a sale, lease, etc. between the client and the cooperating Brokerage listed above. Referral fees are to be paid Broker to Broker and are due upon a successful close of escrow.

 Referring Broker _____ Date _____

 Referring Agent _____ Date _____

 Receiving Broker _____ Date _____

 Receiving Agent _____ Date _____