



AGENT REFERRAL FORM AND AGREEMENT OF COMMISSION SPLIT

Referring Agent/Broker

Receiving Agent/Broker

Home Phone/Office Phone

Home Phone/Office Phone

Upon the Closing of the Sale and/or Lease of the following referenced Prospect and/or Property Address:

Prospect's Name and/or Property Address

It is hereby agreed that _____ (Referring Broker) will receive a referral fee of _____ % of the:

_____ Receiving Broker's Selling Commission

_____ Receiving Broker's Listing Commission

_____ Other (Specify) _____

Referring Agent

Receiving Agent

Referring Broker

Receiving Broker

Mailing Address

Mailing Address

City/State/Zip

City/State/Zip

Taxpayer Identification Number (SS# or FID#)

Taxpayer Identification Number (SS# or FID#)

Each Office is Independently Owned and Operated

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