



License Care Taker

REFERRAL AGREEMENT

DATE: _____

TO:

FROM:

(Sales Associate Receiving Client Referral)

(Sales Associate Sending Referral Client)

Email

Email

Broker/Office Office Number

License Care Taker **612-889-3794**
Broker/Office Office Number

COMMISSION SPLIT/REFERRAL FEE:

Receiving Sales Associate agrees to share the Listing or Buyer commission as follows:
Broker _____ receiving ____% & Broker _____ receiving ____% of
total commission paid to broker OR a flat fee of \$_____.

I agree to inform my accounting department of this commission split/referral fee, and will attach the original copy of this agreement to the closing worksheet.

I hereby agree with the stated commission or referral fee above.

I hereby agree with the stated commission or referral fee above.

Signature of Sales Associate Receiving Client Referral

Signature of Sales Associate Sending Referral Client

Signature of Broker Receiving Client Referral

Signature of Broker Sending Referral Client

Information on referral/client: (to be completed by Associate sending referral)

Name: _____
Address: _____

Zip Code: _____
Phone: (Day) _____ (Eve) _____
Email: _____

Client requirements: Buy Sell Residential Commercial

TO BE COMPLETED BY ASSOCIATE RECEIVING CLIENT REFERRAL:

Results of Referral: _____

Transaction property Address: _____

ATTACH COPY OF THIS AGREEMENT TO CLOSING SETTLEMENT STATEMENT