



License Care Taker

REFERRAL AGREEMENT

DATE: _____

TO:

FROM:

Brian Burkart
(Sales Associate Receiving Client Referral)

(Sales Associate Sending Referral Client)

Brian@BrianBurkart.com

Email

Email

MNSTAR Realty **612-889-3794**
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 MNSTAR Realty receiving 80% & Broker License Care Taker receiving 20% of total commission 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