

REFERRAL150 REFERRAL ACCEPTANCE FORM

RECEIVING AGENT/OFFICE INFORMATION

Agent Name:

Office Name:

Address:

City: State: Zip:

Office Phone: Fax:

Cell #:

Client Information:

Name:

Address:

City: State: Zip:

Phone# Email:

***Referral commission is based on gross commission received by receiving office.

Referral Agreement Details:

An agreed upon referral fee of _____ will be paid by the receiving broker to Referral150

***The referral fee will be a fixed amount or a percentage of the amount of commission received by the accepting office. _____ LISTING SIDE _____ PURCHASE SIDE

Referring Broker Signature _____

Date _____

Receiving Broker Signature _____

Date _____

***Please fill out pertinent information and email or fax back to our office. We will then sign and return a copy to your office.

Please mail all correspondence to:

Referral150
34 Main Street
Roebing NJ 08554
609 864-3053 office 609 232-8557 fax
info@referral150.com