

**Agents Referral Network
Referral Agreement**

Phone: 1-801-792-5516 Fax: 1-801-216-4387
Email: bobsarn@gmail.com
P.O. Box 1396 American Fork, Utah 84003

Referral Agency Information

Agent Name: _____
Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
E-Mail: _____

Accepting Referral Agency Information

Name of Agent: _____
Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
E-Mail: _____

CLIENT INFORMATION

Name: _____ Hm Phone: _____ Cell: _____
Address: _____ City: _____ State: _____ Zip: _____
E-Mail: _____
Referral Type: Buyer Seller Both Source: _____

REFERRAL INFORMATION

Purpose of Referral: _____
Describe property to be purchased/sold: _____
When does the client plan to /sell?: _____
When is the client expecting contact?: _____
Other information: _____

REFERRAL AGREEMENT

A Referral fee of _____ of the commission paid to Accepting Brokerage shall be paid to the Referring Agency upon closing of the of the first:
Listing Side Buying Side Listing and Subsequent Buying Side with the Referred client.

This Referral agreement expires one (1) year from the date below unless renewed in writing by the referring accepting Referral Agent.

Referring Agent (Please Print)

Accepting Referring Agent (Please Print)

Referring Agent (Signature) / Date

Accepting Referring Agent (Signature) / Date

Referring Brokerage (Authorized Signature) / Date

Accepting Referral Broker (Authorized Signature) / Date