

### REFERRAL AGREEMENT

This form recommended and approved for, but not restricted to use by, the members of the Pennsylvania Association of REALTORS® (PAR).



#### 1 BROKER INFORMATION

##### 2 Sending Broker

3 Broker: \_\_\_\_\_

4 Broker's License #: \_\_\_\_\_

5 Salesperson: \_\_\_\_\_

6 Office: \_\_\_\_\_

7 Address: \_\_\_\_\_

8 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

9 Office Phone: \_\_\_\_\_

10 Cell Phone: \_\_\_\_\_

11 Fax: \_\_\_\_\_

12 Email: \_\_\_\_\_

13 Preferred method of contact: \_\_\_\_\_

14 Federal Tax IDN (EIN or SSN, if sole proprietor): \_\_\_\_\_

##### 3 Receiving Broker

4 Broker: Exit Realty Capital Area

5 Broker's License #: \_\_\_\_\_

6 Salesperson: Amber Cruz

7 Office: \_\_\_\_\_

8 Address: 500 N Progress Ave

9 City: Harrisburg State: PA Zip: 17109

10 Office Phone: 717 920-3948

11 Cell Phone: 717 329-8577

12 Fax: 717 920-9149

13 Email: AmberYourRealtor@gmail.com

14 Preferred method of contact: \_\_\_\_\_

15 Salesperson's Designation(s): \_\_\_\_\_

#### 16 CONSUMER INFORMATION

##### 17 Consumer Contact Information

18 Name(s): \_\_\_\_\_

19 Address: \_\_\_\_\_

20 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

21 If selling or leasing, address of Property for sale/lease:

22 Address: \_\_\_\_\_

23 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

24 Home Phone: \_\_\_\_\_

25 Work phone: \_\_\_\_\_

26 Cell Phone: \_\_\_\_\_

27 Email: \_\_\_\_\_

28 Preferred method of contact: \_\_\_\_\_

- Consumer has given permission for Receiving Broker to contact Consumer.
- Consumer has not given permission for Receiving Broker to contact Consumer and Consumer will initiate contact with Receiving Broker.

29 Consumer is being referred only for:  Listing  Purchase  Leasing  Other \_\_\_\_\_

#### 24 FEE AGREEMENT

25 In consideration of the referral of Consumer, Receiving Broker will pay a Referral Fee to Sending Broker as indicated below:

- 26  \_\_\_\_\_ % or \$ \_\_\_\_\_ of the Fee received by Receiving Broker for the listing side of Consumer's transaction.
- 27  25 % or \$ \_\_\_\_\_ of the Fee received by Receiving Broker for the purchase side of Consumer's transaction.
- 28  \_\_\_\_\_ % or \$ \_\_\_\_\_ of the Fee received by Receiving Broker for the lease of Consumer's property.
- 29  25 % or \$ \_\_\_\_\_ of the Fee received by Receiving Broker for the lease of property by Consumer.
- 30  Other: \_\_\_\_\_

31 The Referral Fee will be paid to Sending Broker within 10 days of Receiving Broker's receipt of its fee.

32 Referral Fee is due to Sending Broker for any transaction(s) selected above that is executed within 90 days of the acceptance of this Referral Agreement.

33 If Consumer participates with a third party relocation company program in which a referral fee is paid, Receiving Broker must notify Sending Broker and Receiving Broker is not required to pay the Referral Fee to Sending Broker.

34 BY SIGNING BELOW, LICENSEE REPRESENTS THAT HE/SHE IS AUTHORIZED BY BROKER TO ACCEPT THIS REFERRAL AGREEMENT.

#### 35 SENDING BROKER NAME

36 ACCEPTED BY \_\_\_\_\_ DATE \_\_\_\_\_

37 RECEIVING BROKER NAME Exit Realty Capital Area

38 ACCEPTED BY \_\_\_\_\_ DATE \_\_\_\_\_

