

gold associates

An Auric Company

Date: _____

Expiration Date: 1 year from referral date
(Unless noted below)

Referring Brokerage Information

Referring Agent Name: _____ Phone Number: _____

Referring Agent Email: _____

Referring Broker Name: Beverly Kendall Phone Number: 916-536-7611

Brokerage Name: Gold Associates Email: bevkendall@norcalgold.com

Mailing Address: 10860 Gold Center Dr. Suite 180, Rancho Cordova, CA 956870

Receiving Brokerage Information

Receiving Agent Name: _____ Phone Number: _____

Receiving Agent Email: _____

Receiving Broker Name: _____ Phone Number: _____

Brokerage Name: _____ Email: _____

Brokerage Address: _____

Client Information

Check one: Buyer Seller Client buying and selling

Client Name (1): _____ Client Name (2): _____

Cell phone (1): _____ Cell phone (2): _____

Address: _____

Preferred location: _____ Price Range: _____

(Referring Agent has obtained permission from Client to refer Client.)

Compensation

Receiving brokerage agrees to pay to referring brokerage _____ % of the referred side of the receiving brokerage's commission within 10 days of closing. The percentage above based on receiving broker's total gross compensation.

Referring Broker

By: Gold Associates

Name of Firm

Referring Agent: (signature) _____

Referring Broker: (signature) _____

Date: _____

Tax ID: 20-3052599

Receiving Broker

By: _____

Name of Firm

Receiving Agent: (signature) _____

Receiving Broker: (signature) _____

Print name: _____

Date: _____

Tax ID: _____