

# gold associates

An Auric Company

## Referral Form

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: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Brokerage Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

### 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: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone 1: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ 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

Referring Agent(Sign): \_\_\_\_\_  
Referring Broker(Sign): \_\_\_\_\_  
Date: \_\_\_\_\_

### Receiving Broker

Receiving Agent(Sign): \_\_\_\_\_  
Receiving Broker(Sign): \_\_\_\_\_  
Date: \_\_\_\_\_

Tax ID: 20-3052599

Tax ID: \_\_\_\_\_