

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: _____