

# *Broker to Broker Referral Commission Split Agreement*

Date: \_\_\_\_\_

Referral:                                      Buyer (      )                                      Seller (      )

Client: \_\_\_\_\_

Address of Transaction: \_\_\_\_\_

Phone: \_\_\_\_\_

Property: \_\_\_\_\_

**Originating Company (Who will receive fee?)    \*% of Commission/Fee Amt** \_\_\_\_\_

Company Name/Office: \_\_\_\_\_

Federal Tax ID # \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Agent Email Address: \_\_\_\_\_

Agent (Please Print): \_\_\_\_\_

Agent Signature: \_\_\_\_\_

Broker/Manager Signature: \_\_\_\_\_

\*\*\*\*\*

**Receiving Company (Who is working with client?)    \* % of Commission** \_\_\_\_\_

Company Name/Office: \_\_\_\_\_

Federal Tax ID # \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Agent Email Address: \_\_\_\_\_

Agent (Please Print): \_\_\_\_\_

Agent Signature: \_\_\_\_\_

Broker/Manager Signature: \_\_\_\_\_

\* Originating and Receiving commissions should add up to 100%

**Please send a copy of the form to BHHSSP Relocation Dept. via email to [relo@bhhsselectstl.com](mailto:relo@bhhsselectstl.com) as soon as assigned for company tracking purposes. Note a copy of this signed agreement must be included with your closing packet.**