

WEST MICHIGAN REGIONAL REFERRAL AGREEMENT

Date: _____ This is a: Buying Referral Listing Referral

Client/Customer Information

Name: _____

Street Address: _____ City/State/Zip _____

Email Address: _____

Home Phone: _____ Cell: _____ Fax: _____

Name of New Employer: _____ Corp. Relo. Package Available Yes* No

*Please note that corporate relocation contract terms may supersede this agreement.

Notes: _____

Receiving Broker

We accept this referral and when sale is consummated, we agree to pay _____% of the Listing Side or Selling Side of the transaction to the Referring Broker, whichever is applicable. We will provide a copy of the closing statement along with the check as soon as possible after the closing, but not later than ten (10) days after the date of closing. This referral is not transferable without permission of the Referring Broker. The referral fee applies to one successful transaction only.

Agent Name: _____ Company: _____

Company Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Receiving Agent Signature

Broker's Signature/Approval

Referring Broker

Agent Name: _____ Company: _____

Company Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Company Federal ID#: _____

Referring Agent Signature

Broker's Signature/Approval