



Referral Agreement

ORIGINATING BROKERAGE

BROKERAGE: UNLimited RE
 ADDRESS: 513 N. Beaver St, Flagstaff, AZ 86001
 ORIGINATING AGENT: _____
 BROKERAGE PHONE: 928.699.1962 AGENT PHONE: _____
 AGENT EMAIL: _____

RECEIVING BROKERAGE

BROKERAGE: _____
 ADDRESS: _____
 RECEIVING AGENT: _____
 BROKERAGE PHONE: _____ AGENT PHONE: _____
 AGENT EMAIL: _____
 BROKERAGE STATE LICENSE #: _____

REFERRAL CLIENT

PROSPECT NAME(S): _____
 PROSPECT ADDRESS: _____
 PROSPECT PHONE(S): _____
 PROSPECT EMAIL(S): _____
 SELLER BUYER BOTH

NOTES: _____

In consideration for the placement of this referral, the receiving brokerage agrees to pay a ____% referral fee based on the gross brokerage commission earned in which the Prospect named above is a party in a transaction. This referral agreement shall remain in effect for _____ months (18 months if left blank) of the date of this agreement. Referral fee shall be paid to the originating brokerage, at the above address, within 10 days of close of escrow and a final settlement statement shall be included. The originating brokerage's W9 is included with this agreement.

 Originating Agent Signature Date

 Receiving Agent Signature Date

 Originating Broker/Authorized Signature Date

 Receiving Broker/Authorized Signature Date