

REAL Solutions Realty Referral Fee Agreement

Referring Company/Brokerage Name

Referring Agent _____
Company Phone _____ Agent Cell _____ Direct _____
Company Fax _____ Agent Fax _____
Company/Brokerage Address:

Referring %: For Buyer Side _____ % of CO-OP, for List Side _____ % of total commish-co-op.

Client Name(s)

Client Address _____

Client Phone Numbers (H) _____ (W) _____
Cell/other _____

Receiving Company/Brokerage Name

Receiving Agent _____
Company Phone _____ Agent Cell _____ Direct _____
Company Fax _____ Agent Fax _____
Company/Brokerage Address:

X _____ X _____
Referring Broker Receiving Broker

X _____ X _____
Referring Agent Receiving Agent