

REFERRAL AGREEMENT



| RECEIVING AGENT | |
|-------------------|------|
| Agent Name: | |
| Business Name: | |
| Business Address: | |
| City: | |
| State: | Zip: |
| Business Phone: | |
| Cell: | |
| Email: | |
| Fax Number: | |
| | |

| SENDING AGENT | |
|--------------------|------|
| Agent Name: | |
| Business Name: | |
| Business Address: | |
| City: | |
| State: | Zip: |
| Business Phone: | |
| Cell: | |
| Email: | |
| Fax Number: | |
| Brokerage Tax ID # | |
| | |

ACCEPTANCE OF REFERRAL - COMPLETE, SIGN AND RETURN TO THE SENDING AGENT

I, the Receiving Agent, accept this referral, and when sale is consummated, agree to pay ____% of the applicable portion (listing or sale) of the commission to the Sending Agent.

Agents's Signature: _____ Date: _____ Broker's Signature: _____ Date: _____

Receiving Agent: Please contact this Referral immediately and advise Sending Agent.

| CLIENT INFORMATION | | | |
|--------------------|---|--|------|
| Select One: | <input type="checkbox"/> Client is the buyer. | <input type="checkbox"/> Client is the seller. | |
| Name: | | | |
| Home Address: | Home City: | State: | Zip: |
| Home Phone: | Business Phone: | | |
| Cell Phone: | Email: | | |
| Comments: | | | |
| | | | |

If you are using this form to document evidence of a closed referral transaction for credit in the Performance Management Network Designation program, please sign below and provide the date the transaction closed. You may submit this form with your completed designation application.

Signature _____ Date Transaction Closed _____

Designees and Candidates in the Performance Management Network Designation program receive discounts on website advertising, webinars and more. Call 800-245-8512 or go online at wcr.org to learn more about how you can earn the Performance Management Network Designation.

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