

<b>RECEIVING AGENT</b>	<b>SENDING AGENT</b>
Agent Name:	Agent Name:
Company Name:	Company Name:
Company Address:	Company Address:
City:	City:
State:	State:
Zip:	Zip:
Business Phone:	Business Phone:
Cell Phone:	Cell Phone:
E-Mail:	E-Mail:
Fax Number:	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.**

**Agent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Broker's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Receiving Agent: Please contact this Referral IMMEDIATELY and advise Sending Agent**

<b>CLIENT INFORMATION</b>		
Check One: Client is Buyer _____	Client is Seller _____	
Name:		
Home Address:		
Home City:	State:	Zip:
Home Phone:	Business Phone:	Cell Phone:
E-Mail:		
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](http://wcr.org) to learn more about how you can earn the Performance Management Network Designation.*

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