

REFERRAL AGREEMENT

Date: _____

Purchase: Buyer ☐ Seller (Listing) ☐

Lease: Landlord ☐ Tenant ☐ Other: _____

Referring Office: _____ Receiving Office: _____

Address: _____ Address: _____

City, ST Zip: _____ City, ST Zip: _____

Agent Name: _____ Agent Name: _____

Agent Ph #: _____ Agent Ph #: _____

Agent Email: _____ Agent Email: _____

Receiving Office: Brokerage License #: _____ Tax ID #: _____

Prospect/Property/Assignment

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Contact Instructions/Best time to contact: Day ☐ Evening ☐ Weekends ☐

Details (Provide as many details as possible): _____

Property Type: Industrial ☐ Office ☐ Medical Office ☐ Retail ☐
Land ☐ Multi-family ☐ Business ☐ Investment ☐

In the event that a transaction is completed with this prospect as a result of this referral, within a period of eighteen (18) months, the Receiving Company agrees to pay the Referring Company a referral fee equal to twenty-five (25%) percent of the net commission (on the referred side before any agent splits and after marketing hard costs) received by the Receiving Company, payable when the funds clear the Receiving Company's bank.

Referring Office

Date: _____, 20____

Agent Signature _____

Management Signature _____

Receiving Office

Date: _____, 20____

Agent Signature _____

Management Signature _____



**BERKSHIRE
HATHAWAY**
HomeServices
Florida Properties Group
COMMERCIAL DIVISION