



## UNIVERSAL REFERRAL AGREEMENT

**Referral Fee:** \_\_\_\_\_ % of LOC  
\_\_\_\_\_ % of SOC  
\_\_\_\_\_ % Other

**Referring Broker:**

Referring Agent: \_\_\_\_\_  
Branch Address: \_\_\_\_\_  
Phone/Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Destination Broker:** \_\_\_\_\_

Receiving Agent: \_\_\_\_\_  
Branch Address: \_\_\_\_\_  
Phone/Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Client Information:** \_\_\_\_\_ Listing Referral \_\_\_\_\_ Buyer Referral \_\_\_\_\_ Both

Client Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone/Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Terms:**

Destination Broker shall pay Referring Broker a Referral Fee if, within \_\_\_\_\_ months (18 months if not filled in) of the date of this Agreement, Destination Broker is paid a commission as a result of the services it provided to the Client providing the Client is not receiving Relocation Benefits, is not participating in an Affinity member program, or any other program requiring a referral fee to be paid to facilitate the Client's benefits.

\_\_\_\_\_  
Referring Broker/Agent Signature      Date

\_\_\_\_\_  
Destination Broker/Agent Signature      Date

\_\_\_\_\_  
Referring Principal Managing Broker      Date

\_\_\_\_\_  
Destination Principal Managing Broker      Date