



REFERRAL AGREEMENT

Referring RGI Associate: _____

Associate Direct Phone #: _____

Referring Office: ***REFERRAL GROUP INC. (Tax ID #22-3046201)***
2275 Hwy. 33, Suite 305
Hamilton Square, NJ 08690
609-452-0123

Receiving Associate: _____

Receiving Office Name: _____

Address: _____

Receiving Office Phone: _____

Receiving Office Broker/Manager: _____

LISTING REFERRAL

Property Address: _____

Referred Client Name: _____

Client Address (if different from above): _____

Client Phone: _____

OR

BUYER REFERRAL

Referred Client Name: _____

Client Address: _____

Client Phone: _____

Upon closing, the undersigned Receiving Associate hereby agrees to pay Referral Group Inc., a _____% referral fee based on the total commission received by the Receiving Associate for: _____ Listing; _____ Buyer; _____ Listing & Buyer (check appropriate box).

Referring Associate (Signature)

Receiving Associate (Signature)

Date

Date