

ASSOCIATE TO ASSOCIATE REFERRAL FORM

Date: _____

To: _____ (Associate) Office: _____

From: _____ (Associate) Office: _____

Referral Fee Due: _____% of Listing/Sales portion of commission

Prospect Name or company: _____

Address: _____

Phone: _____

Comments: _____

Referral fee to be paid at time of disbursement of the commission at time of closing. Copy of this form should be stapled to each office's file folder.

 Manager's Acknowledgement Office # Referring Associate

 Manager's Acknowledgement Office # Participating Associate

Referring Associate: Complete and send original to Participating Associate. Copies to:
 Referring Associate File, Office Manager

Participating Associate: Please sign and have Sales Manager/Broker acknowledge. Copies to:
 Participating Associate, Office Manager, Accounting