

AGENT-TO-AGENT REFERRAL ACKNOWLEDGMENT

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

To:

Agent Name Agent Number Split %

Company/Office Name Address City State Zip Code

Company Tax ID Number Phone Number

From:

Agent Name Agent Number Split %

Company/Office Name Address City State Zip Code

Company Tax ID Number Phone Number

 Buyer Referral Seller Referral

Contact Names \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone Numbers \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Information about the referral needs: Note: If this referral is placed with an agent outside of Capital Business Solutions, the minimum referral fee is 30%. **This referral agreement will remain in full force and effect whether or not the referral is associated with a third-party relocation company, a relocation program, or is subject to any other third-party referral arrangement.**

The agents and their broker/manager acknowledge this agreement for a referral

Agent Signature Date Agent Signature Date

Manager/Broker Date Manager/Broker Date