



AFFILIATED NETWORK SERVICES

New Jersey Licensed Real Estate Broker

9 Rachel Court, Jackson, New Jersey 08527

Phone: (732) 719-8087

Email: broker@ansreferral.com

First _____ M _____ Last _____

Address _____ Town _____ St _____ Zip _____

Cell # _____ Home # _____ SS#

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EMAIL _____

ANS REFERRAL AGENT AGREEMENT:

Independent Contractors: Those licensed as referral agents under ANS are employed only as independent contractors and are responsible for payment of their own State and Federal income and FICA taxes.

Commissions: ANS referral agents may refer customers to the broker of their choice, through ANS, for the purchase or lease of any real property. Referral commissions will be established between the ANS agent and the broker to whom the referral is given. Any commissions earned will be paid to ANS by that broker. ANS will pay the referring agent or his heirs (Estate) within 10 business days of ANS receiving said commissions or upon legal notice. On commissions of \$600 or less the ANS split will be 75% to agent, 25% to ANS. On commissions between \$600 and \$3,000, ANS will retain \$150 per commission as a Transaction Fee. On commissions above \$3,000, ANS will split 95%-5% of the gross received.

Fees: ANS agents will pay to ANS \$150 biennially, plus any licensure fees due to the Real Estate Commission. These fees are not apportionable or refundable.

Liabilities and Limitations: ANS Agents are not covered by any errors and omissions or liability insurance and may not enter into any negotiations with the public (Sellers, Buyers, Landlords or Tenants): ANS agents may only refer clients to other existing sources of public information or to active REALTOR's. ANS is not responsible for any expense incurred by its agents nor may its agents incur any expense on behalf of ANS.

Termination: This agreement will remain in effect until June 30, 2019, unless changed in writing by the parties. Upon termination, any outstanding referral commissions will be paid in full, under the same conditions set forth above, within 10 business days of receipt by ANS.

By signing below, I understand and agree to the above ANS Referral Agent Employment Agreement,

Signature

Date

LICENSE REFERENCE NUMBER

REINSTATING LICENSEES MUST PROVIDE THE FOLLOWING:

I have completed the NJREC's "Qualifying Questionnaire" for license renewal, Confirm.# _____

*JOINING ANS MID –LICENSE TERM IS EASY
CALL OR EMAIL ANS TO DISCUSS A CUSTOM FEE SCHEDULE FOR YOUR LICENSE
PLEASE MAKE CHECKS PAYABLE TO AFFILIATED NETWORK SERVICES*