Maryland REALTORS®

REFERRAL AGREEMENT

DATE OF REFERRAL: _____

1. REFERRING AGENT INFORMATION:

Name: _____
Email Address: _____
Telephone Number: _____
Fax Number: _____
Brokerage Company: _____
Broker: _____

2. RECEIVING AGENT INFORMATION:

Name: _____
Email Address: _____
Telephone Number: _____
Fax Number: _____
Brokerage Company: _____
Broker: _____

3. REFERRAL INFORMATION:

Name of Person(s) Referred: _____
_____
Email Address: _____
Telephone Number: _____
Services Requested (sell, buy, lease): _____
_____
_____

4. REFERRAL COMMISSION AGREEMENT:

The terms of the referral commission agreement shall be: _____
_____
_____
_____
_____

5. TIMEFRAME FOR PAYMENT AND AGREEMENT TO INCLUDE COPIES OF CLOSING DOCUMENTS:

Referring Broker and Receiving Broker acknowledge and agree that the referral commission shall be paid within seven calendar days of settlement or execution of a lease. Referring Broker and Receiving Broker also acknowledge and agree that the closing documents if any shall be included with the referral commission payment.

_____		_____	
Referring Agent	**Date**	**Receiving Agent**	**Date**
G Daniel Betsher			
_____		_____	
Referring Broker/Manager	**Date**	**Receiving Broker/Manager**	**Date**

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