Referral From

Jim Shanahan, Associate Broker
Karen Eades, ABR, CSP
Direct:703-924-1237
Fax: 703-991-3089
5695 King Centre Dr. Ste 100
Alexandria, VA 22315

Client: Buyer Seller Both
Name

Address:

Phone:
email:

Referral agent:
Name:
Phone: Cell: Fax:
email:
Office address:

Agreed Referral Fee: _____ of Buyer Agents Commission

Special Requirements
If Referred Realtor's services on behalf of or in connection with the Prospect result in Referred Realtor earning a commission for services performed within 12 months of the date of this Agreement, Referred Realtor will pay to Referral Source the agreed Referral Fee. A HUD 1 Settlement Sheet will faxed to Referral Agents.

Referral Accepted
Signed:
Date: