



Referral
Group
Incorporated

REFERRAL AGREEMENT

Referring RGI Associate: _____
 Associate Direct Phone #: _____
 Referring Office: **REFERRAL GROUP INC. (Tax ID #22-3046201)**
2275 Hwy. 33, Suite 305
Hamilton Square, NJ 08690
609-452-0123

Receiving Associate: _____
 Receiving Office Name: _____
 Address: _____
 Receiving Office Phone: _____
 Receiving Office Broker/Manager: _____

LISTING REFERRAL

Property Address: _____
 Referred Client Name: _____
 Client Address (if different from above): _____
 Client Phone: _____

OR

BUYER REFERRAL

Referred Client Name: _____
 Client Address: _____
 Client Phone: _____

Upon closing, the undersigned Receiving Associate hereby agrees to pay Referral Group Inc., a _____% referral fee based on the total commission received by the Receiving Associate for: _____ Listing; _____ Buyer; _____ Listing & Buyer (*check appropriate box*).

 Referring Associate (Signature)

 Receiving Associate (Signature)

 Receiving Broker (Signature)

 Date

 Date