REFERRAL AGREEMENT

This form recommended and approved for, but not restricted to use by, the members of the Pennsylvania Association of REALTORS® (PAR).

1	BROKER INFORMATION	
2	Sending Broker	Receiving Broker
	Broker:	Broker:
	Broker's License #:	Broker's License #:
	Salesperson:	Salesperson:
6	Office:	Office:
7	Address: State: Zip:	Address: State: Zip:
8	City: State: Zip:	City: State: Zip:
9	Office Phone:	Office Phone:
10	Cell Phone:	Cell Phone:
11	Fax:	Fax:
	Email:	Email:
13	Preferred method of contact:	Preferred method of contact:
14	Federal Tax IDN (EIN or SSN, if sole proprietor):	Salesperson's Designation(s):
15	CONSUMER INFORMATION	
	Consumer Contact Information	
	Name(s):	Home Phone:
18		Work Phone:
	Address:	Cell Phone:
20		Email:
	City: State: Zip:	Preferred method of contact:
	If selling or leasing, address of Property for sale/lease:	Consumer has given permission for Receiving Broker to
		contact Consumer.
24	Address:	Consumer has not given permission for Receiving Broker to
	City: State: Zip:	contact Consumer and Consumer will initiate contact with
26	CityStateZip	Receiving Broker.
	Consumer is being referred only for: ☐ Listing ☐ Purchase ☐	
21	Consumer is being referred only for. Listing Fulchase	Leasing D Other
20	EEE A CDEEMENT	
	FEE AGREEMENT	1 D. C 1 F t. C dies D l in dieste d.h. d
	In consideration of the referral of Consumer, Receiving Broker will	• •
30		y Receiving Broker for the listing side of Consumer's transaction.
31		y Receiving Broker for the purchase side of Consumer's transaction.
32	of the Fee received by	y Receiving Broker for the lease of Consumer's property.
33	% or \$ of the Fee received by	
34	☐ Other:	
	The Referral Fee will be paid to Sending Broker within da	
		ed above that is executed within days of the acceptance of this
37	Referral Agreement.	
38	If Consumer participates with a third party relocation company pro-	ogram in which a referral fee is paid, Receiving Broker must notify
	Sending Broker and Receiving Broker is not required to pay the Re	
رر	sending broker and receiving broker is not required to pay the re-	Merrai 1 ee to bending broker.
40	By signing below, Licensee represents that he/she is auti	HORIZED BY BROKER TO ACCEPT THIS REFERRAL AGREEMENT.
41	SENDING BROKER NAME	
42		DATE
	RECEIVING BROKER NAME	
44		
	Pennsylvania Association of PEALTORS®	DATE COPYRIGHT PENNSYLVANIA ASSOCIATION OF REALTORS® 2008