



West Office
 6060 Renaissance Place
 Suite A
 Toledo, Ohio 43623
 Office: 419-537-0090

South Office
 6546 Weatherfield Court
 Building E – Suite 5
 Maumee, Ohio 43537
 Office: 419-794-0090

Michigan Office
 4348 S. 5th Street
 P.O. Box 393
 Luna Pier, Michigan 48157
 Office: 734-847-2200

BROKER'S REFERRAL AGREEMENT

DATE: _____

CHECK ONE: *Listing Referral*
 Purchasing Referral

NAME OF PURCHASER OR SELLER: _____

ADDRESS: _____

PHONE: _____

REMARKS: _____

REFERRING BROKER TO RECEIVE _____ % OF THE _____
(Purchasing or Listing)
 SIDE OF THE ACCEPTING BROKER'S GROSS COMMISSION

Referring Broker (Company): _____

Agent's Signature: _____

Broker's Signature: _____

Address: _____

Phone: _____

Accepting Broker (Company): _____

Agent's Signature: _____

Broker's Signature: _____

Address: _____

Phone: _____

**Fully signed copy of this Referral Agreement should be given to the Closing Administrator / Bookkeeper*