LOSS REALTY GROUP

**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

# AGENT-TO-AGENT REFERRAL AGREEMENT (IN-HOUSE)

DATE: _____

CHECK ONE: *Listing Referral:* _____

*Purchasing Referral:* _____

NAME OF PURCHASER OR SELLER: _____

ADDRESS: _____

_____

PHONE: _____

REMARKS: _____

_____

REFERRING AGENT TO RECEIVE _____% OF _____
*(Purchasing or Listing)*

OF THE ACCEPTING AGENT'S GROSS COMMISSION.

*Referring Agent's Printed Name:* _____

Referring Agent's Signature: _____

*Accepting Agent's Printed Name:* _____

Accepting Agent's Signature: _____

*Broker's Signature:* _____

Date: _____

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