

# Century 21 HomeStar

31320 Solon Rd. Suite 17 Solon, Ohio 44139  
Office: 440-449-9100 / Fax: 440-449-9105



## REFERRAL AGREEMENT

To: \_\_\_\_\_

From: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

**THIS IS TO CONFIRM OUR CONVERSATION AND REFERRAL  
AGREEMENT REGARDING THE FOLLOWING PROSPECTIVE BUYER OR  
SELLER OFFICE LEAD:**

Prospect's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone / Email: \_\_\_\_\_

**WE AGREE THE FEE ARRANGEMENT WILL BE:**

**BUYER:**

\_\_\_\_\_ will receive \_\_\_\_% of the selling side commission/fees as a referral.

**SELLER:**

\_\_\_\_\_ will receive \_\_\_\_% of the commission/fees as a referral.

\_\_\_\_\_

\_\_\_\_\_

Referring Agent

Date

Receiving Agent

Date