

AGREEMENT FOR REFERRALS

1 **1. COMPANY REFERRING THE BUYER OR SELLER:**

2 A. Name of Company referring the Buyer or Seller: _____
3 (“Referring Company”)

4 B. Company Address: _____

5 C. Company Phone Number: _____

6 D. Company Real Estate License or Firm #: _____

7 E. Company Federal ID # (for tax purposes): _____
8 (A W9 will be provided or is attached.)

9 F. Name of Licensee referring the Buyer or Seller: _____

10 G. Licensee Phone Number(s) and Email Address: _____

11 H. Relocation Director Name, Contact Info and Email Address: _____
12 _____

13 **2. COMPANY AGREEING TO PAY REFERRAL FEE:**

14 A. Name of Company agreeing to pay referral fee: _____
15 (“Receiving Company”)

16 B. Company Address: _____

17 C. Company Phone Number: _____

18 D. Company Real Estate License or Firm #: _____

19 E. Name of Licensee assigned this referral: _____

20 F. Licensee Phone Number(s) and Email Address: _____

21 G. Relocation Director Name, Contact Info and Email Address: _____
22 _____

23 **3. NAME OF PARTY BEING REFERRED:**

24 A. Name: _____ (“Prospect”)
25 Buyer Referral Seller Referral OR Both - Buyer and Seller Referral

26 B. Did the Buyer or Seller consent to or request a referral from your Company? Yes No

27 **4. REFERRAL FEE:**

28 In exchange for referring the Prospect, the Receiving Company agrees to compensate the Referring Company at closing with a fixed amount
29 of \$_____ or _____% of the compensation received by the Receiving Company, calculated as
30 a percentage of the Purchase Price, a flat fee, or a combination thereof (e.g., real estate commission), including any applicable bonuses. This
31 payment will apply solely to the Buyer’s side and/or Seller’s side that was directly referred (“Referral Fee”) as outlined in Section 3 above.
32 The Referral Fee will be paid to the Referring Company within seven (7) calendar days after receiving the compensation, accompanied by a
33 copy of the fully executed settlement statement.

34 **5. EXPIRATION DATE:**

35 This Agreement takes effect on the latest date of signature below and will terminate on _____ at 11:59 p.m., _____
36 time zone. The term of this Agreement will automatically extend to cover the duration of any agency agreement established with the referred
37 Buyer or Seller, or, if negotiations are ongoing, until the completion of any associated closing date(s).

38 **6. ENFORCEMENT / VENUE:**

39 This Agreement serves as a contract for the referral of real estate clients. If all parties involved in this Agreement are REALTORS®, any
40 disputes arising from this Agreement shall be resolved in accordance with the National Association of REALTORS® Code of Ethics and
41 Arbitration Manual in effect at the time this Agreement is executed. If the parties are not all REALTORS®, any disputes related to this
42 Agreement will be governed by and interpreted under the laws of the State of Tennessee and resolved in its courts.

43 **7. SEVERABILITY:**

44 If any part or provision of this Referral Agreement is deemed invalid or unenforceable for any reason, that specific part or provision shall be
45 separated from the rest of the Agreement. The remaining parts or provisions will remain unaffected and continue to be fully valid and
46 enforceable.

47 **NOTE: Any provisions of this Agreement indicated with a box "□" must be checked to be included as part of this Agreement. By**
48 **signing below, you confirm that you have reviewed all pages and received a copy of this Agreement.**

The party(ies) below have signed and acknowledge receipt of a copy.

BROKER FOR REFERRING COMPANY	LICENSEE
_____ at _____ o'clock <input type="checkbox"/> am/ <input type="checkbox"/> pm	_____ at _____ o'clock <input type="checkbox"/> am/ <input type="checkbox"/> pm
Date	Date
_____ FIRM/COMPANY	_____ PRINT/TYPE NAME
_____ ADDRESS	_____ ADDRESS
_____ Phone	_____ Phone

The party(ies) below have signed and acknowledge receipt of a copy.

BROKER FOR RECEIVING COMPANY	LICENSEE
_____ at _____ o'clock <input type="checkbox"/> am/ <input type="checkbox"/> pm	_____ at _____ o'clock <input type="checkbox"/> am/ <input type="checkbox"/> pm
Date	Date
_____ FIRM/COMPANY	_____ PRINT/TYPE NAME
_____ ADDRESS	_____ ADDRESS
_____ Phone	_____ Phone

74 **CONTACT DETAILS OF THE REFERRED PARTY**
75 **WILL BE UPON ACCEPTANCE BY THE RECEIVING**
76 **COMPANY.**

78 Name: _____

79 Current Address: _____

80 Home Phone: _____ Work Phone: _____

81 Cell Phone: _____ Email Address: _____

82 Remarks/Best Time to Call: _____

83 _____

84 _____

85 Other Terms / Relocation Company Info: _____

86 _____

NOTE: This form is provided by My State MLS for use by its members in real estate transactions and must be used as-is. By downloading or using this form, you agree not to modify, amend, or edit its content, except in the designated blank fields. Any alterations, amendments, or edits made to this form are done at your own risk. The use of the My State MLS logo with any form other than the standardized forms created by My State MLS is strictly prohibited. This form may be periodically updated, and it is the responsibility of the member to ensure they are using the most current version.