



REFERRAL FEE AGREEMENT

REFERRING BROKER:				(Brokerage firm name)
REFERRING AGENT	(if any):			(Assoicate-Licensee)
Address:				
Phone:	Fax:		Email:	
RECIPIENT BROKER	:			(Brokerage firm name)
RECIPIENT AGENT (if any):			(Associate-Licensee)
Address:				
Phone:	Fax:		Email:	
PRINCIPAL :				(Client or Customer name)
Address:				
Phone:	Fax:		Email:	
☐ BUYER	□SELLER □	LEASE REFFERAL	□OTHER	
AGREEMENT:				
	receint of the referr	al of Princinal from	Referring Brok	er, Recipient Broker agrees to
pay Referring Broke		ar or i i ilicipai iroili	Referring brok	cer, recipient broker agrees to
		ation carned by Box	siniant Braker	(based up on the Principal's
side of the trai		ation earned by Net	apient broker ((based up on the Fillicipal's
	•		1. 6	
	, payable (thr			
☐ Other terms:_				
				months (twenty-four
(24) months if no	t filled in) from the d	ate of this Agreeme	ent, Recipient E	Broker is paid a commission as
a result of the ser	vices it provides to P	rinciple.		
Comments:				
Date:		Date:		
REFERRING BROKER:		RECIP	RECIPIENT BROKER:	
(Brokerage firm name)		(Brok	(Brokerage firm name)	
By		Bv		
☐Its Broker ☐Of	fice Manager (check	one)	Broker □Off	fice Manager (check one)
(Print Name)		(Print	Name)	
Referring Broker				
Tax ID #				

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