

REFERRAL CONFIRMATION AGREEMENT

Receiving Agent Information

Agent Name _____
Office Name _____
Address _____
City _____
State _____ Zip _____
Email Address _____
Primary Phone _____
Cell Phone _____ Fax _____



Service One Referral Associates, LLC
306 Kings Highway South
Cherry Hill, NJ 08034
Phone: (856) 428-1013 Fax: (856) 428-1393
Diane M. Streichert, Licensed Real Estate Broker
Email: dstreichert@nexusaor.com

Referral Agent Information

Agent Name _____
Email Address _____

Primary Phone _____
Cell Phone _____

Client Information Seller Buyer (Circle One or Both if Applicable)

Name _____
Current Address _____
City _____
State _____ Zip _____

Current Home Phone Number _____
Current Work Phone Number _____
Cell Phone Number _____
Email Address _____

Property Address (If Seller) _____

Destination Area (if Buyer) _____

Referral Agreement Details

This is to confirm our conversation regarding the above client:

Upon closing, an agreed upon referral fee of _____ % based on the total commission received on the referred side(s) will be paid by the receiving agent's broker to Service One Referral Associates, LLC, the referring agent's broker. The referral fee is for the client listing, buying or, if applicable, both listing and buying. Service One Referral Associates, LLC requires that the minimum referral fee on all closed transactions be not less than 25% on the applicable referred side(s).

Referring Agent Signature _____ Date _____

Receiving Agent Signature _____ Date _____

Receiving Broker Signature _____ Date _____

Please return original signed copy by mail, e-mail or fax to
Service One Referral Associates, LLC, Diane M. Streichert, Licensed Real Estate Broker.